# A STUDY TO ASSESS THE SELF CARE ABILITY AND MENTAL STATUS AMONG SCHIZOPHRENIC PATIENTS UNDERGOING OCCUPATIONAL THERAPY IN A SELECTED PSYCHIATRIC NURSING HOME, KOTTAYAM, KERALA.


**BY**

**30093642**


**A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN NURSING**

**APRIL – 2011**

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# CHAPTER – I

# INTRODUCTION

## BACKGROUND OF THE STUDY

Mental Health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and that of other people and the environment. Mental health is viewed as the positive adaptation to stressors from the internal or external sources, evidenced by thoughts, behaviours and feelings that are appropriate to age and parallel to the societal norms.

The name Schizophrenia was coined by a Swiss Psychiatrist, Dr.Eugen Bleurer in the year of 1911. Schizophrenia is a mental disorder characterized by a disintegration of the process of thinking and of emotional responsiveness. It is most commonly manifested as auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking and it is accompanied by significant social or occupational dysfunction.

The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of around 1.6 %.Diagnosis is based on the patient's self-reported experiences and observed behavior. Schizophrenia is characterized by disturbances (for at least 6 months) in thought content and form, perception, affect, language, social activity, sense of self, volition, interpersonal relationships, and psychomotor behavior.

In India the point prevalence of severe Mental Illness is 15-20% per 1000 population. Among these disorders Schizophrenia is the most prominent. Onset of symptoms of Schizophrenia usually occurs during late adolescence and has an insidious onset and poor outcome. It can progress to chronic delusions, hallucinations, social withdrawal and perceptual distortions. This disorder results in varying degrees of impairment. Mostly one-third of schizophrenic patients have just one psychotic episode and no more after that. Some patients have no disability between periods of exacerbation; other patients need continuous institutional care. The DSM-IV-TR recognizes catatonic, paranoid, disorganized, residual, and undifferentiated schizophrenia.

Schizophrenia is observed as a collection of neuro developmental disorders that bears alterations in brain circuits. Neurobiology, genetics, early environment, and social processes appear to be vital contributory factors; Few recreational and prescribed drugs appear to cause or worsen symptoms. The present researches in psychiatry is aiming on the role of neurobiology, but this expeditions has not isolated a single organic cause. Rarely high dopamine activity in the mesolimbic pathway of the brain has been found in people with schizophrenia.

Schizophrenia possess delusions and hallucinations and even be paranoid that leave fatal, suspicious and withdrawn acts. Incomprehensible or disorganised speech and actions can lead a life completely isolated and excluded from social interactions**(Schretlen et.al.,2000)**

The first line of treatment is antipsychotics; these drugs mainly works by diminishing dopamine activity. Psychotherapy, vocational and social rehabilitation, are also very vital in management of schizophrenia. Involuntary admissions are necessary in cases of risk to self and others, even though stays in hospital are shorter and less frequent than they were in previous times.

Schizophrenics are prone to have additional (comorbid) conditions, including major depression and anxiety disorders, the lifetime prevalence of substance abuse is around 35%. Social problems, such as unemployment, poverty and homelessness are common. Furthermore, the average life expectancy of people with the disorder is 10 to 12 years less than those without, due to high chances of physical health problems and a higher suicide rate (about 6%).

**OCCUPATIONAL THERAPY AS A REHABILITATION**

Rehabilitation is the combined and co-ordinated use of social, vocational, medical and educational measures for training and retraining the individual of the highest possible level of functional capacity. Occupation can be defined as "active process of living: from the beginning to the end of life, occupations are all the active processes of looking after ourselves and others, enjoying life, and being socially and economically productive over the lifespan and in

various contexts. These include (but are not limited to) work, leisure, self care, domestic and community activities.

"Occupational therapy is as a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation."

**Lieberman et.al., (2000**) conducted an experimental study to compare the relative impact of Psychosocial Occupational therapy and skills training on Chronic Schizophrenics, in Sydney(Australia).It is confirmed that skill training can be effectively conducted by Paraprofessionals, with durability and generalisation of the skills greater than achieved by Occupational therapist.

Occupational performance can be classified into four types according to the use of occupational performance as a generic frame of reference for national medical practice, as a frame of reference for occupational therapy curricula, as a term for the use of occupational therapists to explain practice and the use of occupational therapy to develop assessment tools. The concept of occupational performance is closely associated with therapy as performance indicated purposeful activity and consisted of areas in care, work and leisure activities.

Skills in areas of performance are related life space of an individual and include the social, cultural and physical environment. Occupational activity is based on learning,

developmental stages of sensory integrative functioning, cognitive , social, motor and psychological functioning.

According to the **American Occupational Therapy Association**, **(AOTA, 2005)** Occupational therapy improves functional capacity and quality of life and functional capacity for people with mental illness in the areas of community living, employment, education and personal care through the use of real life activities during therapy**.** Thus Occupational Rehabilitation facilitates maximum independence in activities of daily living (dressing, grooming, etc.) and instrumental activities of daily living (medication management, grocery shopping, etc.).

Schizophrenia is a complex disorder and has severe effect in daily life. The occupational pattern of humans is a bi product of person-occupation-environment interaction and the importance of exploring all these three factors have been stressed as vital to understand the daily occupational patterns among schizophrenics.

Schizophrenia is characterised by cognitive deficits in various human domains and involve alteration in attention, memory, information processing and executive performance. Alteration in Cognition tends to predict occupational and social dysfunction.

Occupational Therapy is beneficial in a number of cases, these conditions includes: Schizophrenia, substance abuse, dementia, Alzheimer's, mood disorders, personality

disorders, psychoses, eating disorders, anxiety disorders (including post-traumatic stress disorder, separation anxiety disorder).

## NEED OF THE STUDY

Occupational therapy helps in assessing and remediation of deficits in human performance and is related with enhancing occupational performance. Occupational performance is measured as the ability to perform tasks that promotes occupational roles in a manner appropriate to a person's developmental culture, stage of life and environment. Functional performance is important to occupational therapy and is required for assessment of a person's level of functioning and for assessing the efficacy of interventions. The psychosocial rehabilitation strategies vary in accordance to the needs of the individual , his setting, the socio cultural aspects and conditions etc. Vocational rehabilitation, employment and social support network are all vital aspects of psychosocial rehabilitation.

In India nearly 4.6-8.9 million people are affected by Schizophrenia. It affects approximately 0.75% of individuals worldwide, with a lifetime prevalence of 0.8% to 1.6% ,around 1000 patients have access to facilities for Rehabilitation. So advancement in comprehensive care is vital to promote social skills, vocational skills, self help skills and independent skills of Mentally ill.

**Cowen.M (2009)** conducted a study to assess the benefits of occupational therapy. Among the samples of 45 patients, 30 were randomly assigned to receive 12 months of occupational therapy in a community setting with usual care, while the others received usual

care alone. The researchers concluded that participants assigned to occupational therapy showed greater advancements in these measures than those assigned to usual care alone.

**Mairs and Bradshaw (2004)** suggested that rehabilitation approaches incorporating the training of life skills are used widely for the treatment of schizophrenic individuals, although the effectiveness of such approaches have not been studied.

The effectiveness of Skills training in schizophrenia has been emphasised several research studies and researchers examined the effect of assertive skills training and conversation on social skills of schizophrenics. Samples were randomly assigned to control and experimental groups. The authors concluded that assertive skills and conversation of experimental groups improved widely with treatment and were dominant to the skills shown by control group patients at intra-treatment, post treatment and follow up periods**.**

Comparing the effectiveness of skills training with occupational therapy, researchers studied community functioning of outpatients with persistent forms of schizophrenia after the patients were treated with psychosocial and occupational therapy or given social skills training conducted by paraprofessionals. The results indicated that patients who received skills training showed greater independent living skills during a 2 year follow up of everyday community functioning. Researchers concluded that skills training can be effectively conducted by paraprofessionals too.

In general the notion of occupational performance is affirming the worth of a person as an active participant in his or her therapeutic relationship although this concept gets into difficulty for patients with severe mental illness. The three areas of occupational performance

have been described as self care, productivity and leisure activities and four performance components recognised are mental, physical, socio-cultural and spiritual.

Occupational therapy is a skilled treatment plan helping affected individuals to promote independence in all areas of life. The services on occupational therapy mainly includes: Performance skills assessments and Training Programmes. Occupational therapy not only helps individuals to develop skills in the job of living but also helps them with vocational rehabilitation so that they can work effectively to promote productivity. Independent and sustained living is essential for a satisfying and dignified life in Society.

From the above findings researcher developed the interest to conduct a study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy.

## STATEMENT OF THE PROBLEM

A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in a selected psychiatric nursing home, Kottayam, Kerala.

## OBJECTIVES

1. To describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy.
2. To test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.
3. To test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy.

## HYPOTHESIS

$H_1$ : There will be a significant correlation between self care ability and mental status of schizophrenic patients.

$H_2$ : There will be significant association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.

$H_3$ : There will be a significant association between self care ability , and selected factors of schizophrenic patients in relation to occupational therapy

$H_4$ : There will be a significant association between mental status and selected factors of schizophrenic patients in relation to occupational therapy.

## OPERATIONAL DEFINITION

**1. Schizophrenic patients:** It refers to those patients diagnosed to have schizophrenia who were undergoing occupational therapy in Nazareth Asram, Kottayam, Kerala.

**2. Occupational Therapy:** It refers to the application of purposeful and goal directed activity which aids in the improvement of self care ability and mental status of schizophrenic patients.

**3. Mental Status:** It refers to general functional condition of schizophrenic patients determined by assessment of a variety of areas of functioning such as state of orientation, calculation, recall, comprehension, judgement, abstraction and insight.

**4. Self care ability:** It refers to the ability of schizophrenic patients to meet activities of daily living like bathing, toileting, grooming and feeding.

**5. Selected factors:** It refers to the factors which are thought to have influence on the self care ability and mental status of schizophrenic patients such as age, sex, marital status, Education, Occupation, duration of illness, Number of hospitalizations, type of Schizophrenia, duration of occupational therapy.

## ASSUMPTIONS

1. All the Schizophrenic patients will have disturbance in self care ability and mental status
2. Duration of occupation therapy will have impact on progression of self care ability and impairment in mental status.
3. Tool developed for the study is sufficient for collecting the adequate information.

## DELMITATIONS

1. Those patients who were diagnosed as schizophrenia only.
2. Data was collected by interview method.
3. Patients selected by purposive sampling
4. The study is done in a private setting.
5. Those who are attending the Occupational therapy are only included.

## CONCEPTUAL FRAMEWORK OF THE STUDY

This model of **Conceptual Framework based on Three Tier for Work Related Social Skill [Hector Tsang, 1996]** is the basis for the conceptual framework for this study. Psychiatric patients, especially Schizophrenics, have significant deficits in Self Care ability, Mental Status and social skills.

As per this model Occupational therapy refers to application of goal oriented, purposeful activity in the assessment and treatment of individuals with physical, psychological and developmental disability. Duration of Occupational therapy in association with the background factors (the factors which are thought to have influence on the self care ability and mental status of schizophrenic patients.) of Schizophrenic patients helps to achieve the three tiers (at high and low level) like Basic Skills, Core skills and Results.

The basic tier is Basic skills, it consists of occupational therapy induced Basic Mental functioning and Basic Self care abilities.

Basic Mental status refers to general functional condition of mental and behavioral process as determined by psychiatric assessment of a variety of areas of functioning such as state of Orientation, Comprehension, Recall, Calculation and Registration.

Basic Self care abilities refers to the ability to meet activities of daily living like includes Grooming, eating, bathing, cooking and toileting.

The next tier is referred to as the Core skills. It includes skills in work-related situations like Job-Securing Adaptive skills and Job-Retaining social skills.

Finally, the third tier encompasses the Results to which the basic and core skills point like Improved Primary Mental Functioning, Improved Motor abilities, Improved Job Satisfaction and Improved Social competence.

In the activities of Occupational therapy, several Work Oriented Skills are used including Candle making, Cover making, Gardening, Cooking, Laundry works, Cattle rearing

etc. These activities promote self motivation, self esteem and self actualisation, thereby in it uplift the Social productivity of Schizophrenic patients.

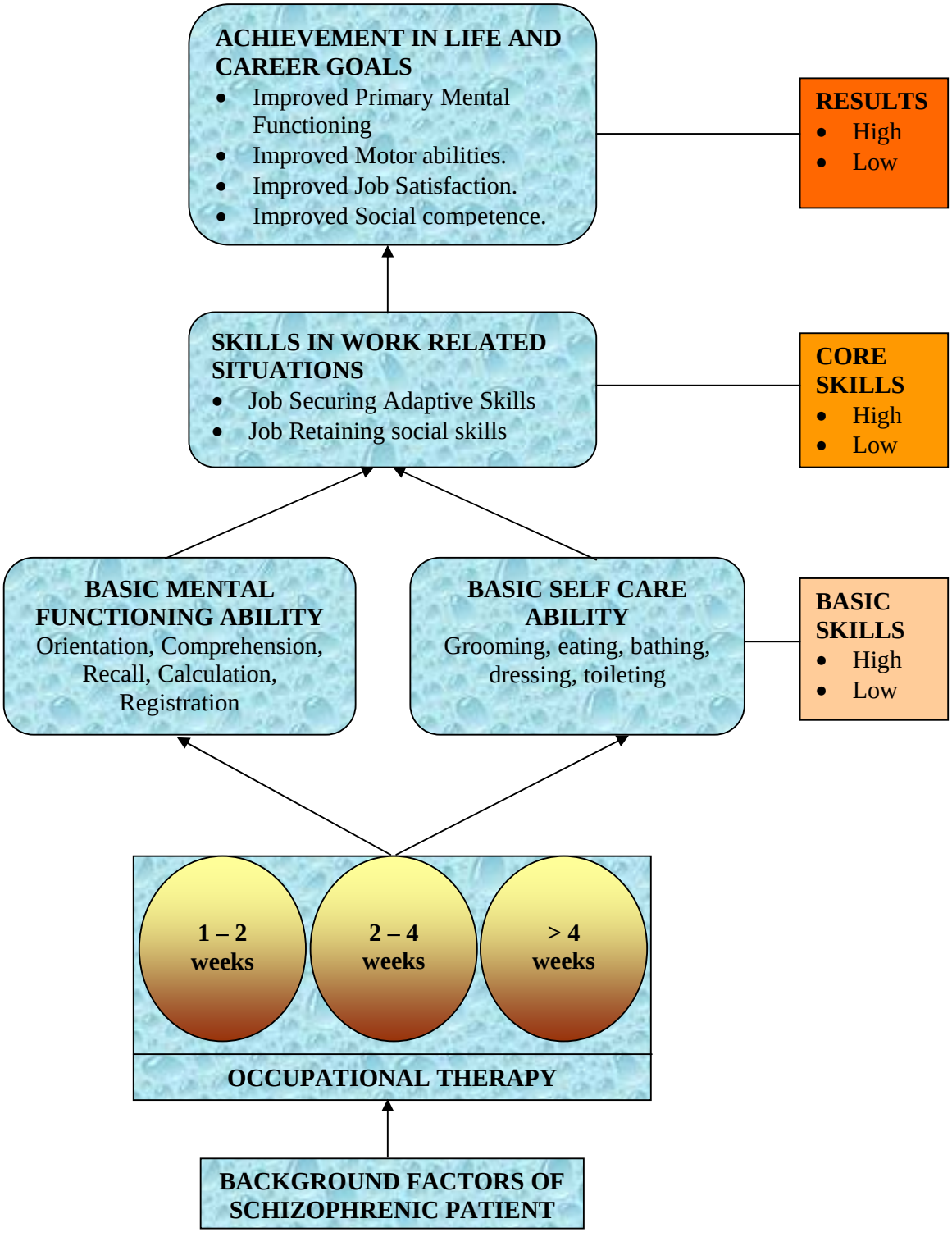


**Fig. 1: CONCEPTUAL MODEL BASED ON THREE TIER WORK RELATED SOCIAL SKILLS, HECTOR TSANG (1996)**

# CHAPTER – II

## REVIEW OF LITERATURE

**Polit (2008)** literature review refers to the activities involved in identifying and searching for information on a topic and developing an understanding of the state of knowledge on that topic.

Literature review can search a number of important functions such as identification of the topic, to ascertain what is already known in relation to a problem of interest, to develop a broad conceptual context into which a research problem will fit and to suggest ways to going about the business of conducting a study on a topic of interest.

Literature review done for the present study is presented under the following heading:

1. Studies related to Occupational Therapy and Schizophrenic patients.
2. Studies related to Self care Ability of Schizophrenic patients and occupational therapy.
3. Studies related to Mental Status of Schizophrenic patients and occupational therapy.

## 1. STUDIES RELATED TO OCCUPATIONAL THERAPY OF SCHIZOPHRENIC PATIENTS

**Roder et.al., (2008)** conducted a study on Development of specific social skills training programmes for schizophrenia patients in Department of Psychiatric Services, Berne, Switzerland. The objective of the study was to measure the effectiveness of cognitive social skills training programmes for residential, vocational and recreational functioning (experimental

groups) were compared with a traditional social skills training programme (control group) referring to cognitive and social abilities, psychopathology and generalisation effects. The sample size was 105 patients schizophrenia assigned to the different treatment groups.The analysis of the data was done by ANOVA and correlation analysis.The results shown that Higher global therapy effects were attained on almost all dependent variables in the experimental groups. The study concluded that the training programmes developed for cognitive social skills might facilitate the abilities of schizophrenics for their social productivity.

COPELOWICZ ET. AL., (2006) **CONDUCTED AN EXPERIMENTAL STUDY ON DIFFERENTIAL PERFORMANCE OF JOB SKILLS TO DETERMINE THE INDIVIDUALS VOCATIONAL SUCCESS MIGHT BE A FUNCTION OF THE COGNITIVE NEEDS. MAINLY THREE SUCH TASKS WERE USED IN THIS STUDY. THE FIRST TASK INVOLVED THE LEARNING OF SELECTION AND SERIALLY INSERTION OF THE PARTS INTO A COMPUTER MOTHERBOARD, SECOND TASK INVOLVED SORTING WRITTEN MATERIAL ALPHABETICALLY AND CATEGORICALLY, AND THE THIRD INVOLVED LEARNING THE BASIC**

**PROCEDURES OF WORD PROCESSING USING A PERSONAL COMPUTER. THE SAMPLE SIZE WAS 120 SCHIZOPHRENIC PARTICIPANTS. ALL PARTICIPANTS PERFORMED EACH TASK, AND THEY WERE EVALUATED ON ACCURACY AND PRODUCTIVITY AT BASELINE. PARTICIPANTS WERE RANDOMLY ASSIGNED TO WORK TRAINING. THE RESULTS OF THE STUDY SHOWN THAT, NO SIGNIFICANT DIFFERENCES WERE FOUND BETWEEN WT AND OCCUPATIONAL THERAPY (OT) GROUPS AT BASELINE FOR ILLNESS, TREATMENT, OR DEMOGRAPHIC CHARACTERISTICS . THERE WERE NO STATISTICALLY SIGNIFICANT CORRELATIONS BETWEEN ANY OF THESE BASELINE CHARACTERISTICS AND WORK TASK PERFORMANCE EXCEPT FOR AGE WITH THE COMPUTER ASSEMBLY TASK (P = 0.005).**

**Duncombe (2004)** conducted a comparative study to compare the learning of a functional living skill in two aspects for individuals with long term Schizophrenia. The sample size of the study were 42 by random selection and each pair was randomly designated to either a clinic or home cooking group, with the other assigned to the remaining group. Data collection procedure was done by Kitchen Task Assessment-Modified (KTA-M) both before and after the intervention. Data analysis was done by t-tests and regression analysis. The results shown that participants in both group scored significantly higher on the KTA-M after cooking lessons (t=5.57,P<0.0001-clinic); (t=7.81, P<0.0002-home.) Reflecting learning of cooking skill; there was no statistically significant difference in scores on the KTA-M between the two groups.

**Buchaine et.al., (2003)** conducted a randomised control trial of occupational therapy in patients with Treatment Resistant Schizophrenia [TRS]. In this study two groups of clients from TRS were compared. The experimental group were under the psychopharmacological treatment with tab.clozapine plus sessions of occupational therapy and the control group received only tab.clozapine. The scale for interactive observation in occupational therapy (EOITO) was employed to evaluate the outcome. The duration of the study was 6 months and patients were rated on the basis of total seven assessments. The reliability of the tool was checked by inter rater reliability(r =0.90, p=0.001). Data analysis was done by analysis of variance. Results shown that EOITO were significantly different between Control group and Experimental (t=2.9,p=0.008).In patients with TRS the combination of OT and tab.clozapine showed to be more effective than the use of tab.clozapine alone. Occupational Therapy may represent an additional therapeutic option for patients with TRS (F=5.129,p=0.033).

WEXLER AND BELL (2003) **CONDUCTED A STUDY TO EVALUATE THE EFFECTS OF CRT (COGNITIVE REMEDIATION THERAPY) ON**

VOCATIONAL PROGRAMS. THE FIRST STUDY USING WORK THERAPY WAS STARTED IN THE YEAR OF 1998 AND ENDED IN 2003.THE ACTIVE TREATMENT WAS FOR 76 MONTHS, WITH FOLLOW UP AT 1 YEAR. THE SEVERAL STUDIES USING A COMMUNITY BASED SUPPORTED EMPLOYMENT THE ACTIVE TREATMENT WAS FOR 12 MONTHS, WITH FOLLOW UP AT 2 YEARS. THE SAMPLE SIZE OF THE FIRST STUDY WAS 145 AND OF THE SECOND WAS 77. DATA COLLECTION WAS DONE BY VOCATIONAL COGNITIVE RATING SCALE PRE TEST AND POST TEST AND BOTH SHOWED SIGNIFICANT IMPROVEMENT IN OCCUPATIONAL FUNCTIONING. DATA ANALYSIS WAS DONE BY ANALYSIS OF CO-VARIANCE(ANCOVA).THE RESULTS OF THE STUDY REPORTED THAT CRT MAY INCREASE THE CAPACITY OF PATIENTS TO FUNCTION ON THE JOB AND BENEFIT FROM THE

**WORK EXPERIENCE AND IT IMPROVES SOCIAL AND OCCUPATIONAL FUNCTIONING.**

**Vallaece (1999)** conducted a comparative study on the community working ability of outpatients with persistent form of Schizophrenia after treatment with Psychosocial Occupational therapy or Social skill training. The sample size of the study was 84 Outpatients with persistent form of Schizophrenia and the samples were randomly assigned to receive either work therapy or skill training for the duration of 6 months, which is followed by 18 months follow up with case management in community. During the study, the prescribed antipsychotics were given to the patients. The results of the study suggested that the patients who received skill training showed significantly greater than that achieved by the patients receiving Occupational Therapy.

EIKELMAN AND SCHONALER (1998) **CONDUCTED A STUDY ON OCCUPATIONAL REHABILITATION OF CHRONIC PSYCHIATRIC PATIENTS. THE PURPOSE OF THE STUDY WAS TO EXAMINE THE EFFECTIVENESS OF REHABILITATION PROGRAM. IN THIS STUDY THE VOCATIONAL REHABILITATION PROGRAM FOR MENTALLY ILL PATIENTS WERE FOCUSSED ON TWO MAIN AREAS AND THEY WERE OUT PATIENT WORK**

**THERAPY PROGRAMS AND SHELTERD WORK SHOPS. THE SAMPLES OF THE STUDY COMPRISED OF 295 MEN AND 176 WOMEN AND THE MAJORITY WERE CHRONICALLY ILL CLIENTS WITH SCHIZOPHRENIA. THE RESULT OF THE STUDY SUGGESTED THAT THE VOCATIONAL INTEGRATION HAD A GREAT INFLUENCE ON THE WORKING ABILITY OF SCHIZOPHRENIC PATIENTS.**

### 2) STUDIES RELATED TO SELF CARE ABILITY OF SCHIZOPHRENIC PATIENTS AND OCCUPATIONAL THERAPY

**Lipskaya (2010)** conducted a study to examine the influence of cognitive abilities, symptoms of schizophrenia, and demographic variables on IADL performance during the time of acute hospital admission. The sample size of the study was 81 adults with chronic schizophrenia. The data collection was done by Revised Observed Tasks of Daily Living (OTDL-R), the Positive and Negative Syndrome Scale (PANSS), the Neurobehavioral Cognitive Status Examination (Cognistat), and the Kitchen Task Assessment (KTA) . The prediction model of IADL performance at this time consists of executive functioning (explained 21% of variance), memory and abstract thinking (explained 13.5%), negative symptoms (explained 13%), age of illness onset and years of education (explained 8%). The total

explained variance is 53.5%. These results provide evidence-based guidelines for the evaluation process in inpatient settings.

**Ekmund et.al.,(2009)** conducted a study on Work Status, Daily Activities and Quality of life among people with Severe Mental illness to investigate the importance of work status, daily activities and the indices of quality of life. The sample size of the study was 103 individuals with severe mental illness. Data collection procedure was done by Interview based questionnaire (MANSA) and activity factors (SDO).The results shown that work status and activity in terms of actual doing were having minor importance to subjective quality of life domains, whereas satisfying and valuable activities were having consistent association with quality of life domains. The results of the study concluded that, open market work might not be decisive for subjective quality of life, but the satisfying and meaningful daily activities could contribute to a better life quality for those who have a severe and lasting mental illness.

**Aubin .G et.al.,(2009)** conducted a study to assess the self care ability and Information processing skills among persons with Schizophrenia in occupational therapy service center, Montreal, Canada. The main aim of the study was to describe the limitation in information processing skills seen among persons with Schizophrenia, performing daily activities. The sample size of the study was 82 Schizophrenic patients living in the community. Data collection procedure included a performance based assessment for evaluating information processing skills using Neuro Psychological tests. The results shown that participants from high efficiency group were more independent in their living skills compared with the participants from low efficiency.

**Bejerholm (2007)** conducted a study on Occupational engagement in persons with schizophrenia, relationships to self-related variables, psychopathology, and quality of life.. The main aim of the study was to explore the relationships between occupational engagement and

the issues of self-related variables, psychiatric symptoms, and quality of life. The sample size of the study was Seventy-four outpatients with schizophrenia. Data collection was done by, Profile of Occupational Engagement in People with Schizophrenia, Locus of Control, Mastery, Sense of Coherence, Brief Psychiatric Rating Scale, and Lancashire Quality of Life Profile. The results showed that a high level of occupational engagement was related to higher ratings of self-related variables, fewer psychiatric symptoms, and better ratings of quality of life, and vice versa.

**Liberman et. al., (2002)** conducted a study to compare the community functioning of outpatients with persistent forms of schizophrenia after treatment with psychosocial occupational therapy or social skills training, with the latter conducted by paraprofessionals.80 outpatients with persistent forms of schizophrenia were randomly assigned to receive either psychosocial occupational therapy or skills training for 12 hours weekly for 6 months, followed by 18 months of follow-up with case management in the community. The results shown that Patients who received skills training showed significantly greater independent living skills during a 2-year follow-up of everyday community functioning.

**Hayes et.al.,(1997)** conducted a descriptive study on the assessment of Daily Skills ability of Chronic Schizophrenic patients in relation to Occupational Therapy in Queensland centre for Schizophrenia research, Australia. The participants of the study were 41 patients with Schizophrenia living in the community Psychiatric Rehabilitation centre and 17 patients with Schizophrenia living in a residential Psychiatric hospital. The data collection procedure was done by Allen Cognitive Test Scale. The data was analysed by inferential statistics. The results shown that score in ACT (Allen Cognitive Test) Scale was high for patients living in community Psychiatric Rehabilitation centre ($f=15.24$) ($P<0.001$).

**Marie et.al., (1994)** conducted a descriptive study to assess the Self care ability of schizophrenic patients undergoing occupational therapy in the department of Victoria hospital, London. The sample size was 254.The collection of the data was done by Modified version of Self efficacy Guage, which contains 32 items in checklist form. Reliability of the tool was found to be 0.90.In this study the patients were asked to complete the questionnaire .Retest questionnaire were mailed approximately 2 weeks after the date the pretest questionnaire was completed. The retest questionnaire contained the Guage and a few questions regarding recent life events and changes. Subjects were asked to fill this questionnaire with in 3 days. The results shown a higher functioning in patients undergoing occupational therapy. Pretest (M1=228.6,SD1=45.6) Retest (M2=233.3,SD2=40.2).

**Rogers and Margo (1994)** conducted a descriptive study on the Self care skills of patients with Geropsychiatric disorders in Relation to occupational therapy. The sample size was 58 inpatients Geropsychiatric disorders. The instrument used for the study was Performance Assessment of Self Care skills and the scale was divided into Physical and Instrumental ADL sections. Each item of the scale was rated on a 3 point scale ranging from 0 to 2.The analysis of the data was done by Descriptive statistics and ANOVA. The results suggested that the self care ability of patients with long duration of occupational therapy was better than the patients undergoing a less duration ($P<0.01$).

**3. STUDIES RELATED TO MENTAL STATUS OF SCHIZOPHRENIC PATIENTS AND OCCUPATIONAL THERAPY**

MINGYI (2010) **CONDUCTED A STUDY ON NEURO COGNITIVE PROFILES OF REHABILITATION CLIENTS WITH SCHIZOPHRENIA. THE MAIN AIM OF THE STUDY WAS TO IDENTIFY EMPIRICAL CLUSTERS OF SCHIZOPHRENIA BASED ON NEURO COGNITVE INDICATORS USING CLUSTER ANALYSIS. THE SAMPLE SIZE WAS SEVENTY-SIX INDIVIDUALS (51 MALES AND 25 FEMALES). THE MEAN AGE FOR DISABILITY ONSET WAS 24.14 YEARS (S.D=7.06) AND NUMBER OF HOSPITALIZATIONS WAS 3.55(S.D=2.98). THE DATA COLLECTION WAS DONE BY BRIEF NEUROPSYCHOLOGICAL COGNITIVE EXAMINATION (COMPOSED OF 10 SUBTESTS WHICH CONCERNED WITH MEMORY, LANGUAGE, ATTENTION, NAMING, SIMILARITIES AND COMPREHENSION) THE POSITIVE**

**AND NEGATIVE SYNDROME SCALE, AND THE COMPREHENSIVE OCCUPATIONAL THERAPY EVALUATION. THE RESULTS SHOWN THAT IMPAIRMENT IN NEURO COGNITIVE FUNCTIONING WAS FOUND TO BE RELATED TO CLINICAL SYMPTOMS, BUT NOT WITH WORK PERFORMANCE.**

**Jang (2009)** conducted a study on Validity of the Loewenstein occupational therapy cognitive assessment in people with intellectual disabilities. The sample of the study comprised of 111 people with intellectual disabilities and 19 people with no disabilities. The analysis of the data was done by Cronbach's alpha, Spearman's rho, the Kruskal-Wallis test, and one-way analysis of variance for analysis, Results shown that good internal consistency on Orientation, Visual Perception, Spatial Perception, Visuomotor Organization, and Thinking (Cronbach's alphas = 0.82,0 .74, 0.76, 0.86, and 0.8, respectively), but not on the Motor Praxis subscale (alpha = .48).

**Stip et.al., (2008)** conducted a Cross sectional study on Daily activities, Cognition and community functioning in persons with Schizophrenia. The main aim of the study was to explore the relationship between daily activity performance, attention, memory, executive function and community function among the Schizophrenics. The sample size was 82 patients with Schizophrenia living in the community .The tools used in the study were "perceive, Recall, Plan and Perform(PRPP)system" , Independent Living Skills Survey(ILSS) and the Multnomah Community Ability Scale (MCAS).The results shown that there was a significant association

between community functioning and Visuopatial associate learning, Spatial working memory and planning. The findings of the study suggested that Visuopatial associate learning, negative symptoms, education and familiarity with the task are among the important factors of functional capacity

**Bell. M et.al.,(2007)** conducted a study on Neurocognition enhancement therapy with work therapy in. The purpose of the study was to determine, whether Neurocognitive Enhancement Therapy (NET) in combination with Work Therapy(WT) would show improvement in performance on Neuropsychological tests that conducted 6 months after completion of training. A total of 145 participants with Schizophrenia were randomly assigned to NET and WT or WT alone.NET included Computer based training on attention, memory, and executive function tasks. WT included paid work activities at the medical centre. Data analysis was done by repeated measures of multivariate analysis of variance ($P<0.05$) and executive function ($p<0.05$) for the NET and WT group over the 12 months. Both group showed sustained improvements on verbal and nonverbal memory.

**Linda et. al., (1994)** conducted a study on Schizophrenic individuals' Cognitive functioning and Performance in interpersonal interactions and skill training procedures. The sample size was 30 Schizophrenic patients and 15 non mentally ill individuals. The tools used were 2 versions of Continuous performance Test, Span of Apprehension Test, Digit Span Distractibility Test and Three Elemental Skill Training Tasks. All the subjects were the in patients of the hospital, all had been undergone on individualized doses of Neuroleptic medication. The data analysis was done by ANOVA, and the results shown that the cognitive functions of Schizophrenic patients are associated with poorer social functioning and with reduced performance in the elementary procedures that constitute efforts to improve that functioning ($f=24.11$, $P<0.001$).

**Lewandowski (1992)** did a study on the effectiveness of ambulatory occupational therapy measures for patients with schizophrenia. The main aim of the study was to evaluate the concept of occupational therapy for schizophrenic outpatients. The study comprised of 18 patients were randomly selected for the study. With regard to cognitive functions and to professional adaptation, the study proved more favourable for occupational therapy to be carried out within the framework of regular service enterprises (external occupational therapy, n = 9) and not within training areas of the psychiatric institution itself (internal occupational therapy, n = 9).Patients taking part in internal occupational therapy felt more heavily burdened by workplace conditions, and greater family-related strain seemed to develop in the therapeutic centre than was the case among patients taking in external occupational therapy.

# CHAPTER – III

# METHODOLOGY

This chapter deals with methodology adapted in the study. It includes the research approach, research design, variables, setting, population, sample, sample size, sampling technique, sampling criteria, development of the tool, scoring, content validity, reliability, pilot study, data collection procedure, plan for data analysis and ethical issues.

This study was undertaken to describe the self care ability and mental status functioning of Schizophrenic patients undergoing Occupational therapy.

## RESEARCH DESIGN

The main objective of the descriptive design is to have the accurate portrayal of the characteristics of persons, situation or groups and the frequency with which certain phenomena occur.

Therefore, Descriptive study method was the most appropriate method to assess the self care ability and mental status of Schizophrenic patients undergoing Occupational therapy.

The schematic research design included population of the study, selection of sample from definitive population, sampling technique, size of the sample, setting, data collection technique, data analysis and interpretation and criteria measures.(fig 2)

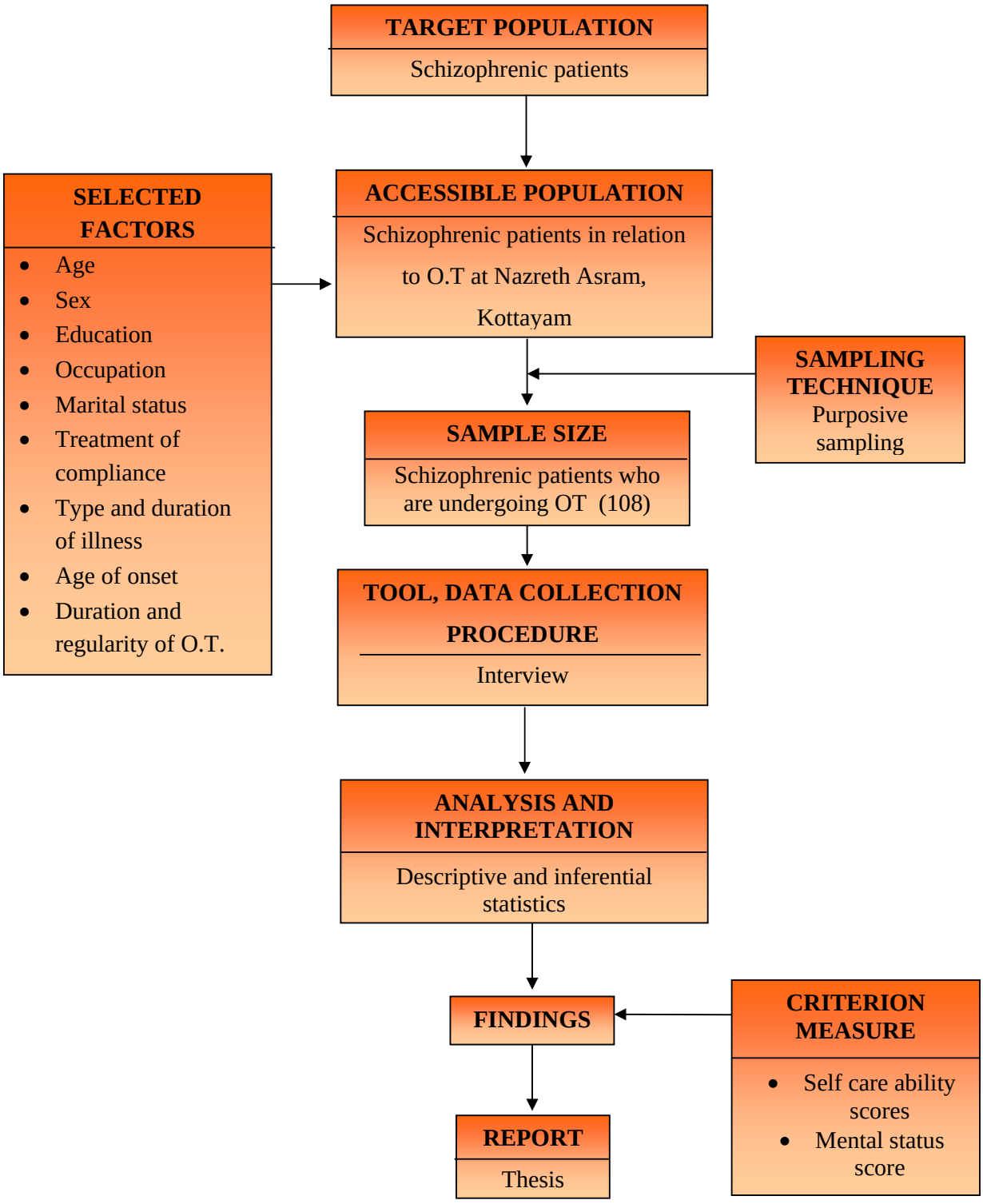


**Fig. 2: SCHEMATIC REPRESENTATION OF RESEARCH DESIGN**

## VARIABLES

**Dependent Variable** : Self care ability and mental status

**Independent Variable** : Occupational Therapy

**Associate variables** : The variables included in the study were Age, sex, religion, education, income, occupation, marital status, family type, treatment compliance, duration of illness, age of onset, number of hospitalizations and gap of hospitalizations, type of schizophrenia, duration and regularity of occupational therapy, other illness and leisure time activities.

## SETTING

Research settings are the places where data collection takes place. The setting was selected based on feasibility, availability of the subject and cooperation from the authority. In this study the setting was Nazareth Asram (a psychiatric nursing home, Vazhoor), Kottayam, Kerala.

## POPULATION

**Target Population:** The target population in this study was the Schizophrenic patients.

**Accessible Population:** The accessible population in this study were all Schizophrenic patients those who are undergoing Occupational therapy in Nazareth Asram, Kottayam.

## SAMPLE AND SAMPLE SIZE

A sample is a small proportion of population selected for observation and analysis. In this study the sample size was 108 Schizophrenic patients undergoing Occupational therapy.

## SAMPLING TECHNIQUE

Sampling is the process of selecting a subject of a population in order to obtain information regarding a phenomenon in a way that represents the entire population. In this study, Purposive sampling, a non random method was used to recruit the samples.

## SAMPLE SELECTION CRITERIA

### a) Inclusion Criteria

- All types of Schizophrenic patients
- Patients who were attending Occupational therapy, continuously at least for 1 week.
- Patients who can read and write Malayalam.
- Those who were willing to participate.

### b) Exclusion Criteria

- Patients who were above 60 years of age.
- Patients who were bedridden.
- Patients with other major Psychotic disorders.
- Patients who were having hearing impairment.

## DEVELOPMENT OF THE TOOL

For the purpose of the study the investigator modified the tool to collect data on self care ability (Modified Allen Cognitive Scale for Daily Living) and Mini Mental Status Examination (Folstein, 1975) to assess Mental Status of schizophrenic patients undergoing Occupational therapy.

## DESCRIPTION OF THE TOOL

The tool developed for the data collection was an Interview schedule developed by the investigator, comprising of three parts:

**Part 1: Background factors:** This part contained 18 items seeking information regarding background factors like, Age, sex, religion, education, income, occupation, marital status, family type, treatment compliance, duration of illness, age of onset, number and gap of hospitalizations, type of schizophrenia, duration and regularity of occupational therapy, other illness and leisure time activities.

**Part 2: Modified Allen Cognitive Scale for Daily Living:** This part seeks information regarding Self care ability. There were 10 items in this section. Self care ability was measured in terms of Self care ability scores.

**Part 3**: **Mini Mental Status Examination (Folstein,1975):** This part seeks information regarding Mental status. There were 11 items in this section. Mental status was measured in terms of Mental status scores.

## SCORING

The modified tool to collect data on self care ability(Modified Allen Cognitive Scale for Daily Living) was having a maximum score of 35. Mini Mental Status Examination (Folstein,1975) to assess the mental status was having a maximum score of 30.

## VALIDITY OF THE TOOL

The tool used by the investigator was sent along with the request for validation to 3 nursing experts, one Psychologist and one psychiatrist. The suggestions were considered and modification of tool was done according to the opinion of experts. Translation of the tool was done by language experts from English to Malayalam and retranslated to English and language validity was confirmed.

## RELIABILITY OF THE TOOL

In the present study the researcher estimated reliability of the tool through inter rater-reliability method by administering the tool to 10 Schizophrenic patients (5 males and 5 females) undergoing occupational therapy. The reliability Coefficient was calculated using Karl Pearson's Correlation method, the reliability was, r=0.87. The tool was found to be highly reliable.

## PILOT STUDY

The pilot study is a small scale version or trial run of the major study. The formation of the pilot study is to obtain information for improving the project or assessing its feasibility. It was done among 10 Schizophrenic patients. Thus the clarity, simplicity and appropriateness of tool was ascertained. Each interview lasted for 30 minutes. The patients included in the Pilot study were excluded from the main study.

## DATA COLLECTION PROCEDURE

Formal approval was obtained from the authorities of the Nazareth Asram. The data was collected for four weeks in the month of October 2010, among schizophrenic patients undergoing Occupational therapy. A total of 108 patients were recruited in the study by purposive sampling method. The objectives and the purpose of the study were explained to the study participants and confidentiality was assured. The informed consent was taken orally. The information regarding background factors, self care ability and mental status were collected through items in the tools by interview method. Each interview lasted for 30 minutes. On an average of 8-10 patients/day were interviewed. The tool was edited for its completion.

## PLAN FOR DATA ANALYSIS

Data Analysis enables the investigator to reduce, summarize, organize, evaluate, interpret and communicate numerical information.. The data were entered in to excel sheet and analyzed using SPSS version 17. A probability value of less than 0.05 was considered to be significant. The data were analysed as follows:

1. Data on Background factors were analysed using frequency and percentage distribution.
2. Data on self care ability and mental status described using mean, standard deviation, range and “r” value.
3. Data on association between self care ability and mental status were analysed using Karl Pearson’s Coefficient of correlation and F ratio.

4. Data on association between self care ability, mental status and selected factors were analysed by linear regression.

## ETHICAL CONSIDERATION

The research problem and objective were approved by the research committee. Informed consent was obtained from Schizophrenic patients under going occupational therapy. No physical or pain was caused. Confidentiality was maintained. Due permission from authorities was obtained.

# CHAPTER – IV

## DATA ANALYSIS AND INTERPRETATION

The ultimate purpose of research is to develop generalization that may be used to explain phenomena and to predict future occurrence (Best .W.1996).

This chapter deals with analysis and interpretation of data collected from schizophrenic patients undergoing occupational therapy in selected psychiatric nursing home, Kerala.

**The objectives of the study were**

1. To describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy.
2. To test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.
3. To test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy.

The findings of the study were organized and presented under following headings.

**Section I** : Data on Background factors of schizophrenic patients in relation to occupational therapy

**Section II** : Data on Self care ability and Mental status of schizophrenic patients

**Section III** : Data on association between self care ability and mental status of schizophrenic patients in relation to occupational therapy

**Section IV** : Data on association between Self care ability, Mental status and selected factors of schizophrenic patients in relation to occupational therapy

## SECTION 1: DATA ON BACKGROUND FACTORS OF SCHIZOPHRENIC PATIENTS IN RELATION TO OCCUPATIONAL THERAPY

### TABLE – 1

**Frequency, percentage distribution of schizophrenic patients regarding background factors**

(N = 108)

| Selected Factors | Frequency | Percentage (%) |
|---|---|---|
| **Sex** | | |
| Male | 75 | 69.4 |
| Female | 33 | 30.6 |
| **Religion** | | |
| Hindu | 42 | 38.9 |
| Muslim | 8 | 7.4 |
| Christian | 58 | 53.7 |
| **Marital status** | | |
| Married | 17 | 15.7 |
| Unmarried | 72 | 66.7 |
| Widower/widow | 4 | 3.7 |
| Separated/divorced | 15 | 13.9 |
| **Type of family** | | |
| Nuclear | 31 | 28.7 |
| Joint | 63 | 58.3 |
| Extended | 14 | 13.0 |
| **Number of hospitalization** | | |
| 1 | 5 | 4.6 |
| 2 | 23 | 21.3 |
| More than 2 | 80 | 74.1 |

| Selected Factors | Frequency | Percentage (%) |
|---|---|---|
| **Gap between two hospitalization** | | |
| 0 | 28 | 25.9 |
| < 1 yr | 32 | 29.6 |
| 1-2 yrs | 39 | 36.1 |
| > 2 yrs | 9 | 8.3 |
| **Regularity of attending Occupational therapy** | | |
| Very regular | 99 | 91.7 |
| Sometimes irregular | 9 | 8.3 |
| Very irregular | 0 | 0 |
| **Any other illness** | | |
| Diabetes | 7 | 6.5 |
| Hypertension | 13 | 12.0 |
| Respiratory problems | 21 | 19.4 |
| Alcoholism | 11 | 10.2 |
| Any other ____specify | 5 | 4.6 |
| None | 51 | 47.2 |
| **Leisure time activities** | | |
| Engages in one activity | 38 | 35.2 |
| Engages in two activities | 67 | 62.0 |
| Engages in three activities | 3 | 2.8 |

**Table 1** reveals the Frequency and percentage distribution of schizophrenic patients regarding Selected factors.

Majority of Schizophrenic patients were males 75 (69.4%); Christians 58(53.7%); unmarried 72(66.7%);belonged to joint family 63(58.3%); had more than two hospitalizations 80(74.1%); were hospitalized with a gap of 1 -2 years 39(36.1%); attended the Occupational therapy very regularly 99(91.7%); had no other illness 51(47.2%); and were engaging in two leisure activities 67(62%).

**Figure 3** shows, frequency distribution of schizophrenic patients regarding age.

Regarding age, majority of patients 50(46.3%) were in the group of 31-40 yrs.

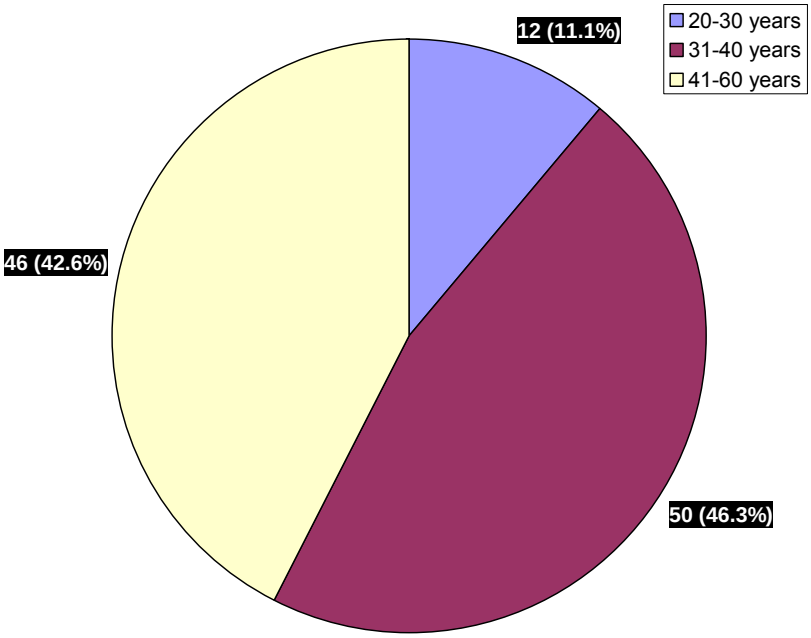


**Fig. No. 3: FREQUENCY DISTRIBUTION OF SCHIZOPHRENIC PATIENTS REGARDING AGE**

**Figure 4** shows frequency distribution of schizophrenic patients regarding education, family income and occupation

Regarding Education, majority of patients 90(85.2%) had primary education.

Regarding Family income, majority 95 (88%) belonged to Below poverty line.

Regarding Occupation, majority 46(42.6%) of patients were unemployed.

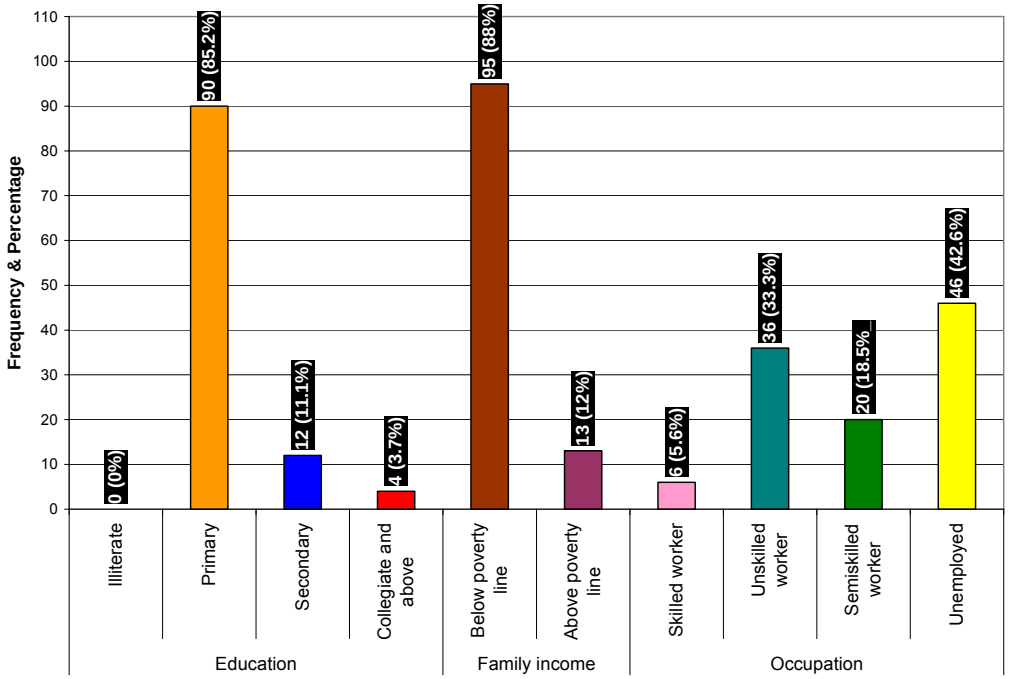


**Fig. No. 4: FREQUENCY DISTRIBUTION OF SCHIZOPHRENIC PATIENTS REGARDING EDUCATION, FAMILY INCOME AND OCCUPATION**

**Figure 5** shows frequency distribution of schizophrenic patients regarding treatment compliance, duration of illness and age of commencement of disease.

Regarding Treatment compliance, majority 73(67.6%) were regular.

Regarding duration of illness, majority 82(75.9%) were suffering from the illness greater than or equal to 5 yrs.

Regarding Age of commencement of disease, majority 84(77.8%) had the onset lesser than 20 yrs .

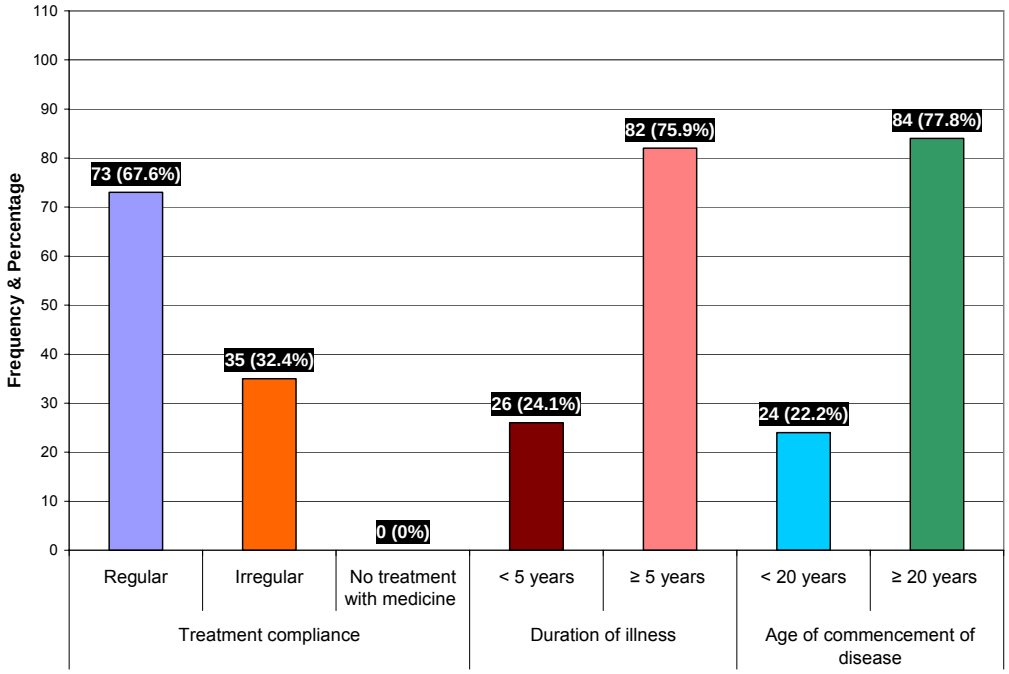


**Fig. No. 5: FREQUENCY DISTRIBUTION OF SCHIZOPHRENIC PATIENTS REGARDING TREATMENT COMPLIANCE, DURATION OF ILLNESS AND AGE OF COMMENCEMENT OF DISEASE**

**Figure 6** shows, frequency distribution of schizophrenic patients regarding type of schizophrenia.

Regarding the type of Schizophrenia, majority 62(57.4%) were Chronic Schizophrenics.

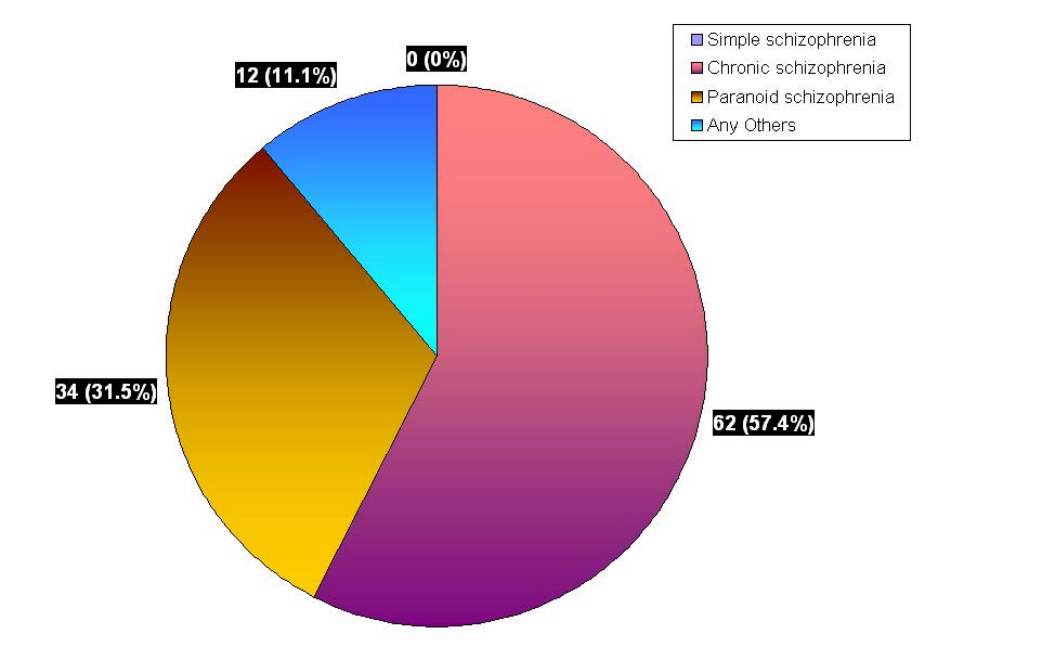


**Fig. No. 6: FREQUENCY DISTRIBUTION OF SCHIZOPHRENIC PATIENTS REGARDING TYPE OF SCHIZOPHRENIA**

**Figure 7** shows, frequency distribution of schizophrenic patients regarding number of weeks attending occupational therapy.

Regarding duration of Occupational therapy, majority 46(42.6%) were undergoing for more than 4 weeks.

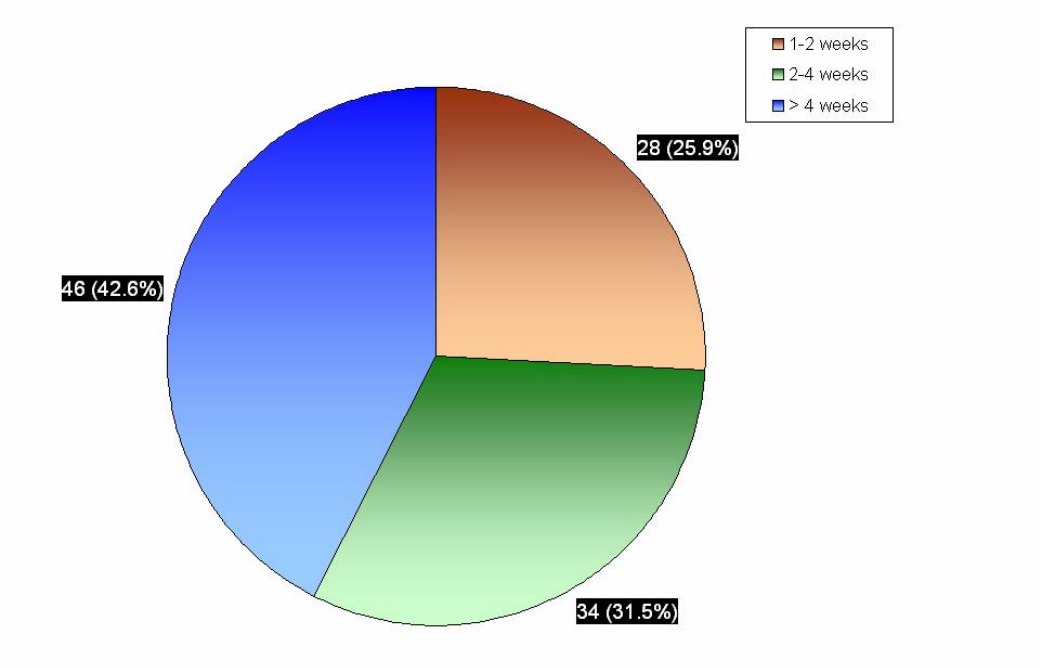


**Fig. No. 7: FREQUENCY DISTRIBUTION OF SCHIZOPHRENIC PATIENTS REGARDING NUMBER OF WEEKS ATTENDING OCCUPATIONAL THERAPY**

## SECTION II: DATA ON SELF CARE ABILITY AND MENTAL STATUS OF SCHIZOPHRENIC PATIENTS

For the purpose of the study following null hypothesis was formulated

$H_{01}$ : There will be a significant correlation between self care ability and mental status of schizophrenic patients .

**TABLE – 2**

**Mean, Standard Deviation, Range, "r" value of Self care ability and Mental Status among schizophrenic patients**

**(N = 108)**

| Variables | Mean | Standard Deviation | Range | " r " Value |
|---|---|---|---|---|
| Self Care ability | 18.49 (Max score = 35) | 6.39 | 27 | 0.778 (Sig.) P < 0.01 S |
| Mental Status | 18.73 (Max score = 30) | 4.36 | 19 | |

S = Significant

**Table 2** shows mean, SD, Range and "r" value regarding self care ability and mental status of schizophrenic patients.

The mean Self care ability, M= 18.49 (S.D=6.39) and the mental status, M = 18.73 (S.D =4.36) were average.

The obtained “r” value=0.778 was significant at P<0.01.Therefore the Null hypothesis was rejected and Research hypothesis was accepted.

Thus it was inferred that there was a significant correlation between self care ability and mental status of schizophrenic patients.

## SECTION III: DATA ON ASSOCIATION BETWEEN SELF CARE ABILITY AND MENTAL STATUS AMONG SCHIZOPHRENIC PATIENTS IN RELATION TO OCCUPATIONAL THERAPY.

For the purpose of the study following null hypothesis was formulated

$H_{02}$ : There will be no significant association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.

**Figure 8** reveals that there is significant association between Self care ability and mental status among schizophrenic patients in relation to duration of occupational therapy**.**

There was a significant positive correlation between the self care ability and mental status among schizophrenic patients in relation to duration of occupational therapy. The obtained "r" value for the duration of 1-2 weeks was "r"=0.69 (p=0.001), for 2-4 weeks was "r"=0.43,(p=0.012) and for more than 4 weeks was "r"=0.68,(p=0.001).

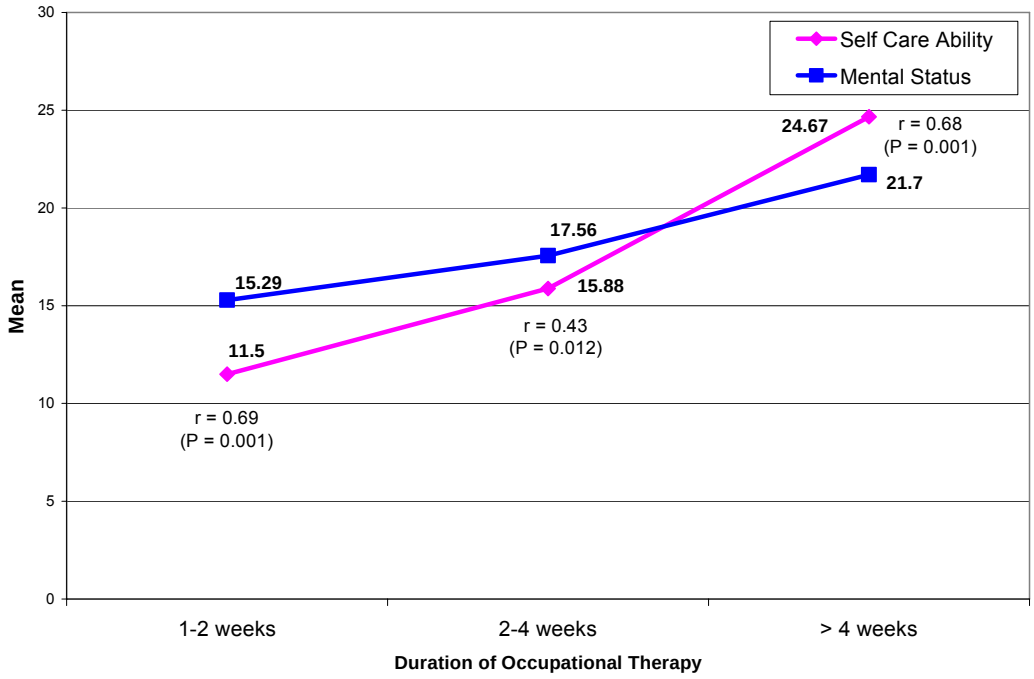


**Fig 8: CORRELATION BETWEEN SELF CARE ABILITY AND MENTAL STATUS AMONG SCHIZOPHRENIC PATIENTS IN RELATION TO DURATION OF OCCUPATIONAL THERAPY**

**TABLE – 3**

**Mean, Standard Deviation, Range, F ratio and 95% Confidence Interval of schizophrenic patients in relation to occupational therapy.**

**(N = 108)**

| SELF CARE ABILITY | | | | | 95% CI | |
|---|---|---|---|---|---|---|
| **Duration of Occupational Therapy(OT)** | **Mean (Max score=35)** | **Range** | **Standard Deviation** | **F ratio (Signifi-cance)** | **Lower Bound** | **Upper Bound** |
| 1-2 weeks (n=28) | 11.50 | 18 | 3.34 | 173.77 Sig:0.0001 | 10.21 | 12.79 |
| 2-4 weeks (n-34) | 15.88 | 11 | 2.66 | | 14.95 | 16.81 |
| > 4 weeks (n=46) | 24.67 | 14 | 3.27 | | 23.70 | 25.64 |

S = Significant

**Table 3** reveals the mean self care ability and Standard Deviation and "F" value for Schizophrenic Patients undergoing occupational therapy.

The mean self care ability among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=24.67(SD=3.27) was higher than those with 1-2 weeks of occupational therapy, M=11.50(SD=3.34).

The progressive difference in mean self care ability was highly significant, F=173.77($p<0.001$).

Therefore the occupational therapy significantly had contributed to the improvement of Self care ability among Schizophrenic Patients

**TABLE – 4**

**Mean, Standard Deviation, Range, F ratio and 95% Confidence Interval of schizophrenic patients in relation to occupational therapy.**

**(N = 108)**

| MENTAL STATUS | | | | | 95% CI | |
|---|---|---|---|---|---|---|
| **Duration of Occupational Therapy** | **Mean (Max score=30)** | **Range** | **Standard Deviation** | **F ratio (Signifi-cance)** | **Lower Bound** | **Upper Bound** |
| 1-2 weeks (n=28) | 15.29 | 15 | 3.55 | 32.96 Sig:0.0001 | 13.91 | 16.66 |
| 2-4 weeks (n-34) | 17.56 | 11 | 3.14 | | 16.46 | 18.65 |
| > 4 weeks (n=46) | 21.70 | 13 | 3.60 | | 20.63 | 22.77 |

S = Significant

**Table 4** reveals the mean Mental status and Standard Deviation and "F" value for Schizophrenic Patients undergoing occupational therapy.

The mean Mental status among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=21.7 (SD=3.60) was higher than those with 1-2 weeks of occupational therapy, M=15.29 (SD=3.55).

The progressive difference in mean Mental status was highly significant, $F=32.96(p<0.001)$.

Therefore the occupational therapy significantly had contributed to the improvement of mental status among Schizophrenic Patients.

## SECTION IV: DATA ON ASSOCIATION BETWEEN SELF CARE ABILITY AND MENTAL STATUS OF SCHIZOPHRENIC PATIENTS IN RELATION TO OCCUPATIONAL THERAPY

For the purpose of the study following null hypothesis were formulated

$H_{03}$ : There will be no significant association between self care ability and selected factors among schizophrenic patients undergoing occupational therapy

$H_{04}$ : There will be no significant association between mental status and selected factors among schizophrenic patients undergoing occupational therapy

**TABLE – 5**

**Standardised Coefficient (Beta value), "t" value, Significance (P), 95% Confidence Interval of association between self care ability and selected factors of schizophrenic patients in relation to occupational therapy**

(N = 108)

| Selected Factors | β | "t" | P | 95% C. I | |
|---|---|---|---|---|---|
| | | | | Lower Bound | Upper Bound |
| **Age** | -0.1 | -1.84 | p= 0.07 NS | -2.03 | 0.08 |
| **Sex** | 0.05 | -1.12 | p=0.27 NS | -2.06 | 0.57 |
| **Religion** | 0.04 | 0.74 | p=0.46 NS | -0.43 | 0.94 |
| **Education** | 0.05 | 0.73 | p=0.47 NS | -1.02 | 2.2 |

| Selected Factors | β | "t" | P | 95% C. I | |
|---|---|---|---|---|---|
| | | | | Lower Bound | Upper Bound |
| **Family income** | 0.02 | 0.43 | p=0.67 NS | -1.72 | 2.68 |
| **Occupation** | -0.09 | -1.64 | p= 0.1 NS | -1.31 | 0.13 |
| **Marital status** | 0.0 | 0.4 | p=0.69 NS | -0.64 | 0.97 |
| **Type of family** | 0.03 | 0.58 | p=0.57 NS | -0.74 | 1.34 |
| **Treatment compliance** | -0.05 | -0.9 | p=0.37 NS | -2.13 | 0.8 |
| **Duration of illness** | 0.01 | 0.32 | p=0.74 NS | -1.25 | 1.75 |
| **Age of onset** | 0.001 | 0.01 | p=0.99 NS | -1.76 | 1.79 |
| **Number of hospitalization** | -0.04 | -0.56 | p=0.58 NS | -2.22 | 1.25 |
| **Gap between two hospitalization** | 0.07 | 0.93 | p=0.35 NS | -0.57 | 1.57 |
| **Type of Schizophrenia** | -0.18 | -3.34 | p=0.001 S | -2.64 | -0.67 |
| **Duration of Occupational therapy** | 0.86 | 16.2 | p=0.0001 S | 5.93 | 7.59 |
| **Regularity of attending Occupational Therapy** | -0.02 | -0.46 | p=0.65 NS | -2.86 | 1.79 |

| Selected Factors | β | "t" | P | 95% C. I | |
|---|---|---|---|---|---|
| | | | | Lower Bound | Upper Bound |
| **Any Other illness (Coronary Artery Disease, Arthritis, Peptic Ulcer ).** | 0.008 | 0.16 | p=0.88 NS | -0.35 | 0.41 |
| **Leisure time activities** | 0.004 | 0.07 | p=0.94 NS | -1.19 | 1.28 |

S = Significant, NS =Non Significant

**Table 5** reveals association between self care ability and selected factors of schizophrenic patients in relation to occupational therapy.

There was significant association between self care ability and Chronicity of Schizophrenia; t=-3.34, (p=0.001)[ β=-0.18,CI 95%=-2.64 – -0.67] and duration of Occupational therapy ; t=16.2, (p=0.0001)[ β=0.86, CI 95%=5.93 –7.59].

How ever, there was no significant association between self care ability and Age , Religion, Education ,Family income, Occupation, Marital status , Type of family , Treatment compliance , Duration of illness ,Age of commencement of onset , Number of hospitalization, gap between two hospitalization, Regularity of attending Occupational therapy , any other illness and Leisure time activities .

Thus it was inferred that type of Schizophrenia (Chronicity) and Number of weeks attending Occupational therapy influenced the self care ability of schizophrenic patients undergoing occupational therapy.

**TABLE – 6**

**Standardized Coefficient (Beta value), "t" value, Significance (P) ,95% Confidence Interval of association between Mental Status and selected factors of schizophrenic patients in relation to occupational therapy**

**(N = 108)**

| Selected Factors | β | "t" | P | 95% C. I | |
|---|---|---|---|---|---|
| | | | | Lower Bound | Upper Bound |
| **Age** | 0.02 | 0.29 | p= 0.77 NS | -0.89 | 1.19 |
| **Sex** | -0.04 | -0.54 | p=0.59 NS | -1.65 | 0.94 |
| **Religion** | 0.05 | 0.7 | p=0.48 NS | -0.43 | 0.90 |
| **Education** | 0.21 | 2.3 | p=0.02 S | 0.25 | 3.41 |
| **Family income** | -0.13 | -1.57 | p=0.12 NS | -3.9 | 0.45 |
| **Occupation** | -0.18 | -2.25 | p=0.03 S | -1.50 | -0.09 |
| **Marital status** | 0.06 | 0.73 | p=0.47 NS | -0.5 | 1.08 |
| **Type of family** | 0.05 | 0.61 | p=0.55 NS | -0.71 | 1.33 |
| **Treatment compliance** | -0.11 | -1.45 | p=0.15 NS | -2.5 | 0.39 |

| Selected Factors | β | "t" | P | 95% C. I | |
|---|---|---|---|---|---|
| | | | | Lower Bound | Upper Bound |
| **Duration of illness** | 0.08 | 1.15 | p=0.25 NS | -0.62 | 2.33 |
| **Age of onset** | 0.06 | 0.69 | p=0.49 NS | -1.14 | 2.36 |
| **Number of hospitalization** | -0.01 | -0.17 | p=0.86 NS | -1.86 | 1.56 |
| **Gap between two hospitalization** | 0.09 | 0.81 | p=0.42 NS | -0.62 | 1.48 |
| **Type of Schizophrenia** | -0.25 | -3.18 | p=0.002 S | -2.52 | -0.58 |
| **Duration of Occupational therapy** | 0.57 | 7.43 | p=0.0001 S | 2.24 | 3.87 |
| **Regularity of attending OccupationalTherapy** | 0.01 | 0.17 | p=0.87 NS | -2.09 | 2.49 |
| **Any Other illness (Coronary Artery Disease,Arthritis,Peptic Ulcer ).** | 0.17 | 2.22 | p=0.03 S | 0.04 | 0.78 |
| **Leisure time activities** | 0.05 | 0.64 | p=0.53 NS | -0.83 | 1.6 |

S = Significant, NS = Non Significant

**Table 6** reveals association between Mental status and selected factors of schizophrenic patients in relation to occupational therapy.

There was significant association between Mental status and Education; t=2.3, (p=0.02) ,[ β=0.21,CI 95%=0.252 –3.41 ] Occupation t=-2.25,(p=0.027), [ β= -0.18 ,CI 95%=-1.50 – -0.09 ] Type of Schizophrenia t=-3.18, ( p=0.002)[ β=-0.25 ,CI 95%=-2.52– -0.58] duration of Occupational therapy t=7.43,(p=0.0001)[β=0.57, CI 95%= 2.24– 3.87] Any other illness t=2.22, (p=0.03) [β=0.17, CI 95%=0.04– 0.78]

How ever there was no significant association between mental status and Age, Sex, Religion, Family income, Marital status, Type of family, Treatment compliance, Duration of illness , Age of onset of disease, Number of hospitalization, gap between two hospitalization, Regularity of attending Occupational therapy and Leisure time activities.

It was inferred that Education, Occupation, type of Schizophrenia, duration of Occupational therapy and other illness significantly influences the Mental Status of schizophrenic patients undergoing occupational therapy.

# CHAPTER – V

## SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The essence of any research project is based on study findings, limitations, interpretations of the result and recommendations that incorporate the study implications. It also gives meaning to the result obtained in the study.

## SUMMARY

The main aim of the study is to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy.

The objectives of the study were,

1. To describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy.
2. To test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.
3. To test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy.

The study attempted to examine the following hypothesis:

$H_1$ : There will be a significant correlation between self care ability and mental status of schizophrenic patients.

$H_2$ : There will be significant association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.

$H_3$ : There will be a significant association between self care ability and selected factors of schizophrenic patients in relation to occupational therapy

$H_4$ : There will be a significant association between mental status and selected factors of schizophrenic patients in relation to occupational therapy.

The review of literature enabled the investigator to develop a conceptual framework, tool, and methodology of the study.

The conceptual framework adopted for the study was Three Tier Work Related Social Skill [Hector Tsang,(1996). The present study was descriptive in nature.

The tool developed and used for the data was Interview schedule. self care ability and Mental Status of schizophrenic patients undergoing Occupational therapy was assessed by Modified Allen Cognitive Scale for Daily Living and Mini Mental Status Examination(Folstein,1975) respectively. Content validity of the tool was established by 5 experts. Content validity of the tool was checked by Inter Rater reliability method and the 'r' value was 0.87,found to be highly reliable .

The pilot study was conducted in Nazareth Asram, Kottayam, Kerala and the study was found to be feasible. The main study was conducted in Nazareth Asram, Kottayam, Kerala. Prior permission was obtained from the concerned authorities. Sample were selected by Purposive sampling based on the selection criteria.

A total of 108 Schizophrenic patients were selected. Data was collected by Interview. The aim of the study was explained to the samples. The data gathered were analysed using SPSS version 17 and interpretation was made based on the objectives of the study. A probability of $<0.05$ was considered to be significant.

## CHARACTERISTICS OF THE SAMPLE

Majority of Schizophrenic patients were between the age group of 31-40 years 50(46.3%);males 75 (69.4%); Christians 58(53.7% ;with Primary education 90(85.2%); belonged to below poverty line 95(88.0%); umemployed 46(42.6%);unmarried 72(66.7%); belonged to joint family 63(58.3%); under regular treatment 73(67.6%); had more than 5 years of illness 82(75.9%) ;had the onset of disease above 20 years 84(77.8%); had more than two hospitalizations 80(74.1%); had a gap of 1 -2 years 39(36.1%) between hospitalizations had Chronic Schizophrenia 62 (57.4%); underwent Occupational therapy for more than 4weeks 46(42.6%); were regular on Occupational therapy 99(91.7%); suffered from no other illness 51(47.2%);and engaged in two leisure activities 67(62%).

## FINDINGS

The findings of the study were arranged based on the objectives of the present study. Probability value of less than 0.05 was considered to be significant.

**Objective 1: To describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy.**

- The mean Self care ability among Schizophrenic patients in relation to Occupational Therapy was 18.49.
- The mean mental status among Schizophrenic patients in relation to Occupational Therapy was 18.73.
- The mean Self care ability, M= 18.49 (S.D=6.39) and the mental status, M= 18.73 (S.D =4.36) were average.
- The obtained “r” value=0.778 was significant at $P<0.01$. Therefore the Null hypothesis was rejected and Research hypothesis was accepted.
- Thus it was inferred that there was a significant association between self care ability and mental status of schizophrenic patients.

**Objective 2: To test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.**

- There was a significant positive correlation between the self care ability and mental status among schizophrenic patients in relation to duration of occupational therapy. The obtained "r" value for the duration of 1-2 weeks was "r"=0.69(p=0.001), for 2-4 weeks was "r"=0.43,(p=0.012) and for more than 4 weeks was "r"=0.68,(p=0.001).
- The mean self care ability among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=24.67(SD=3.27) was higher than those with 1-2 weeks of occupational therapy, M=11.50(SD=3.34).
- The progressive difference in mean self care ability was highly significant, F=173.77(p<0.001).
- Therefore the occupational therapy significantly had contributed to the improvement of Self care ability among Schizophrenic Patients
- The mean Mental status among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=21.7 (SD=3.60) was higher than those with 1-2 weeks of occupational therapy, M=15.29 (SD=3.55).The progressive difference in mean Mental status was highly significant, F=32.96(p<0.001).
- Therefore the occupational therapy significantly had contributed to the improvement of Mental status among Schizophrenic Patients.

**Objective 3:** To test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy

- There was significant association between self care ability and Chronicity of Schizophrenia; t=-3.34, (p=0.001)[ β=-0.18,CI 95%=-2.64 – -0.67] and duration of Occupational therapy ; t=16.2, (p=0.0001)[ β=0.86, CI 95%=5.93 –7.59].
- There was no significant association between self care ability and Age, Sex, Religion, Education, Family income, Occupation, Marital status, Type of family,

Treatment compliance, Duration of illness, Age onset of disease, Number of hospitalization, gap between two hospitalization , Regularity of attending Occupational therapy , any other illness , Leisure time activities.

- There was significant association between Mental status and Education; t=2.3, (p=0.02) ,[ β=0.21,CI 95%=0.252 –3.4 ] Occupation; t=-2.25,(p=0.027), [ β= -0.18, CI 95%=-1.50 – -0.09 ] Type of Schizophrenia t=-3.18, ( p=0.002)[ β=-0.25 ,CI 95%=-2.52–-0.58]duration of Occupational therapy t=7.43,(p=0.0001) [β=0.57, CI 95%= 2.24– 3.87] Any other illness t=2.22, (p=0.03) [β=0.17, CI 95%=0.04–0.78]
- There was no significant association between mental status and Age, Sex, Religion, Family income, Marital status, Type of family, Treatment compliance, Duration of illness, age of onset of disease, Number of hospitalization, gap of hospitalization, Regularity of attending Occupational therapy, Leisure time activities.

## DISCUSSION

The discussion of the study were arranged based on the objectives of the study.

**Finding 1: To describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy**

- The mean Self care ability among Schizophrenic patients in relation to Occupational Therapy was 18.49.
- The mean mental status among Schizophrenic patients in relation to Occupational Therapy was 18.73.
- The mean Self care ability, M= 18.49 (S.D=6.39) and the mental status, M= 18.73 (S.D =4.36) were average.

- The obtained "r" value=0.778 was significant at P<0.01.Therefore the Null hypothesis was rejected and Research hypothesis was accepted.
- Thus it was inferred that there was a significant association between self care ability and mental status of schizophrenic patients.

**Stip E (2008)** reported that there is a significant association between community functioning and Visuopatial associate learning, Spatial working memory and planning; **Bell. M et.al.,(2007)** reported that there is a greater neuropsychological improvements like memory (P<0.05) and executive function (p<0.05) by the work therapy.

**Finding 2: To test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy.**

- There was a significant positive correlation between the self care ability and mental status among schizophrenic patients in relation to duration of occupational therapy. The obtained "r" value for the duration of 1-2 weeks was "r"=0.69(p=0.001), for 2-4 weeks was "r"=0.43,(p=0.012) and for more than 4 weeks was "r"=0.68,(p=0.001).
- The mean self care ability among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=24.67(SD=3.27) was higher than those with 1-2 weeks of occupational therapy, M=11.50(SD=3.34).
- The progressive difference in mean self care ability was highly significant, F=173.77(p<0.001).
- Therefore the occupational therapy significantly had contributed to the improvement of Self care ability among Schizophrenic Patients
- The mean Mental status among Schizophrenic Patients with more than 4 weeks of occupational therapy, M=21.7 (SD=3.60) was higher than those with 1-2 weeks of occupational therapy, M=15.29 (SD=3.55).The progressive difference in mean Mental status was highly significant, F=32.96(p<0.001).

- Therefore the occupational therapy significantly had contributed to the improvement of mental status among Schizophrenic Patients.

**Aubin G et al.,2009** reported that Schizophrenics with high information processing efficiency were more independent in their living skills compared with the participants from low efficiency , **Mueser et.al., (1991)** founded that poor cognitive functioning contributes to social skill impairments, **Green (1996)** has shown that there is a close association between neuro-cognitive deficits, impairments in social skills and social problem solving, and community adjustment in schizophrenia and **Brenner et. al., (1992)** reported that once cognitive deficits are improved, social skills can be learned and social competence improves globally.

**Finding 3: To test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy**

- There was significant association between self care ability and Chronicity of Schizophrenia; t=-3.34, (p=0.001)[ β=-0.18,CI 95%=-2.64 **–** -0.67] and duration of Occupational therapy ; t=16.2, (p=0.0001)[ β=0.86, CI 95%=5.93 **–**7.59].
- There was no significant association between self care ability and Age, Sex, Religion, Education, Family income, Occupation, Marital status, Type of family, Treatment compliance, Duration of illness, Age onset of disease, Number of hospitalization, gap between two hospitalization, Regularity of attending Occupational therapy , any other illness , Leisure time activities.
- There was significant association between Mental status and Education; t=2.3, (p=0.02) ,[ β=0.21,CI 95%=0.252 **–**3.4 ] Occupation; t=-2.25,(p=0.027), [ β= -0.18, CI 95%=-1.50 **–** -0.09 ] Type of Schizophrenia t=-3.18, ( p=0.002)[ β=-0.25 ,CI 95%=-2.52**–**-0.58]duration of Occupational therapy t=7.43,(p=0.0001) [β=0.57, CI 95%= 2.24**–** 3.87] Any other illness t=2.22, (p=0.03) [β=0.17, CI 95%=0.04**–** 0.78]

- There was no significant association between mental status and Age, Sex, Religion, Family income, Marital status, Type of family, Treatment compliance, Duration of illness, age of onset of disease, Number of hospitalization, gap of hospitalization, Regularity of attending Occupational therapy, Leisure time activities.

**Chien et. al., (2003), )** reported about the effect of conversation, leisure activities and assertive skills training on social skills of schizophrenic patients. The authors concluded that conversation, leisure activities and assertive skills of experimental groups improved significantly with treatment and were superior to the skills shown by control group patients at intra-treatment, post treatment and follow up periods.

## IMPLICATION

The finding of the study have following implications:

**Nursing Practice**

- Nurses can encourage as well as assist schizophrenic patients to have effective participation in Occupational therapy.
- Rehabilitation through Occupational therapy can improve patients self care ability and mental status of schizophrenic patients.
- Both Self care ability and mental status were associated with duration of Occupational therapy. Thus steps should be taken to promote Rehabilitation of schizophrenic patients.
- Schizophrenic patients need to be continuously engaged in occupational therapy.

- Even chronic schizophrenic patients can be better through occupational therapy.

**Nursing Research**

- Advancement in Research will potentiate nurses to be well equipped with Occupational skill trainings.
- The study will be a base line for further research directions.
- Large scale studies can be conducted.

**Nursing Education**

- Nursing Curriculum should include more on the benefits of Occupational therapy in improving self care ability and mental status.

## LIMITATIONS

1. Purposive sampling may interfere with generalization of findings.
2. More samples are required.
3. The study is done in a private setting.
4. Influence of routine drugs on self care ability or mental status or occupational therapy was beyond the control of the investigator.

## RECOMMENDATION

The following recommendations on the basis of the present study

1. A similar study can be conducted on a large sample.
2. A similar study can be conducted by using different parameters.
3. A true experimental study can be conducted.
4. A longitudinal study can be done to measure the sustained effects.

## CONCLUSION

As the duration of Occupational therapy increases majority of the patients showed improvement in Self care ability and mental status. So that Mental Health Nurses must be a part and parcel of promoting Social productivity of schizophrenic patients through Occupational skill training.

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# APPENDIX – I

## LETTER SEEKING PERMISSION FOR CONTENT VALIDITY

From,

30093642
II year M.Sc (Nursing),
Annai J K K Sampoorani Ammal College of Nursing
Komarapalayam,
Namakkal district.

To,

Through

The Dean,
Annai J K K Sampoorani ammal College of Nursing,
Komarapalayam,
Namakkal District.

Respected Madam/sir

**Sub: Letter requesting consent to validate the tool.**

I am 30093642, II year M.Sc., Nursing student of Annai JKK Sampoorani Ammal College of Nursing Komarapalayam, under the Tamil Nadu Dr. M G R Medical University, Chennai.

As a partial fulfillment of M.Sc Nursing Programme, I am conducting **"A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in a selected psychiatric nursing home, Kottayam, Kerala."**Herewith I am sending the tool for content validity for your expert opinion. I humbly request yourself to spare a little of your valuable time for me which I remain ever grateful to you.

Thanking you

Place: Komarapalayam, Yours sincerely
Date: (30093642)

# APPENDIX – II

## LIST OF EXPERTS

1. **Dr.S.MUNIRAJU, MBBS., DPM.,**
   Senior Civil Surgeon,
   Psychiatrist,
   Govt.Head Quarters Hospital, Erode.

2. **Mr.N.SENTHILKUMAR,**
   Clinical Psychologist,
   Govt.Head Quarters Hospital, Erode.

3. **Mrs.VANITHA, M.Sc.,(N),**
   Department of Psychiatric Nursing,
   Annai JKK Sampoorani Ammal College of Nursing, Komarapalayam.

4. **Mrs.NUZIBA BEEGUM, M.Sc.,(N),**
   Department of Psychiatric Nursing,
   Sri Ramakrishna College of Nursing, Coimbatore-44

5. **Ms.LEELA DEVAMONY,M.Sc.,(N),**
   Department of Psychiatric Nursing,
   Annai JKK Sampoorani Ammal College of Nursing, Komarapalayam.

# APPENDIX – III

## CONTENT VALIDITY CERTIFICATE

Name :

Designation :

Name of college :

I hereby certify that I have validated the tool of **30093642**, II M.Sc (Nursing), student who is undertaking "**A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in a selected psychiatric nursing home, Kottayam, Kerala.** "

Place: Komarapalayam Signature of the expert

Date : Designation

# APPENDIX – IV

## PERMISSION LETTER

From,

30093642
II year M.Sc ( Nursing )
Annai J.K.K.M Sampoorani Ammal College of Nursing.
Komarapalayam – 638183.
Namakkal District.

To,

Through,
The Dean,
Annai J.K.K.M Sampoorani Ammal College of Nursing.
Komarapalayam – 638183.
Namakkal District.

**Sub : Seeking permission to conduct the research study.**

Respected Sir,

I ,30093642 II year M.Sc nursing student of Annai J.K.K.M . Sampoorani Ammal College of nursing, under the Tamil Nadu Dr. M.G. R Medical University, Chennai.

As a partial fulfillment of university requirement for an award of Master of Science in Nursing Degree, I am conducting a research on the following **"A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in a selected psychiatric nursing home, Kottayam, Kerala."**

I would like to conduct this research study in your esteemed institution. Hence I request you to kindly grant permission for the same.

Thanking you.

Place : Komarapalayam
Date

Yours faithfully
(30093642)

## LETTER SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From,

(30093642)
II year M.Sc ( Nursing )
Annai J.K.K.M Sampoorani Ammal College of Nursing.
Komarapalayam – 638183.
Namakkal District.

To,

The Administrator
Nazerath Asramam
Chenjal
Vazhoor East P.O (686504)
Kottayam District,
Kerala .

Through,

The Dean,
Annai J.K.K.M Sampoorani Ammal College of Nursing.
Komarapalayam – 638183.
Namakkal District.

DEAN
Annai J. K. K. Sampoorani
Ammal College of Nursing.
Komarapalayam-638 183

**Sub : Seeking permission to conduct the research study.**

Respected Sir/Madam,

I , (30093642), II year M.Sc nursing student of Annai J.K.K.M . Sampoorani Ammal College of nursing, under the Tamil Nadu Dr. M.G. R Medical University, Chennai.

As a partial fulfillment of university requirement for an award of Master of Science in Nursing Degree, I am conducting a research on the following **"A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in selected psychiatric nursing home, Kerala"**

I would like to conduct this research study in your esteemed institution. Hence I request you to kindly grant permission for the same.

Thanking you.

Place : Komarapalayam
Date 25/9/2010

Yours faithfully
Mr.Arun c. Varghese (30093642)

NAZARETH ASHRAM
F. B. A.
CHE 686504

Permission Granted
Joseph Philip
(Director)

NAZARETH ASHRAM
DIRECTOR

# APPENDIX – V

## INTERVIEW SCHEDULE TO ASSESS SELF CARE ABILITY AND MENTAL STATUS OF SCHIZOPHRENIC PATIENTS UNDERGOING OCCUPATIONAL THERAPY

Code no:_____

### SECTION A : BACKGROUND FACTORS

**Instruction:** This section seeks information about background factors. The interviewer will ask questions one by one and place a tick mark (✓ ) against the appropriate response given by the respondent.

1. Age
    - a. 20 – 30 years ☐
    - b. 31 – 40 years ☐
    - c. 41- 60 yrs ☐
2. Sex
    - a. Male ☐
    - b. Female ☐
3. Religion
    - a. Hindu ☐
    - b. Muslim ☐
    - c. Christian ☐
    - d. Any other _____ specify ☐
4. Education
    - a. Illiterate ☐
    - b. Primary ☐
    - c. Secondary ☐
    - d. Collegiate and above ☐

5. Family income

a. Below poverty line (Less than Rs.50000/year) ☐

b. Above poverty line (Rs.50000/year and above) ☐

6. Occupation

a. Skilled worker (eg: teacher) ☐

b. Unskilled worker (eg: coolie) ☐

c. Semiskilled worker (eg: carpenter) ☐

d. Unemployed ☐

7. Marital status

a. Married ☐

b. Unmarried ☐

c. Widower /widow ☐

d. Separated / divorced. ☐

8. Type of Family

a. Nuclear ☐

b. Joint ☐

c. Extended ☐

9. Treatment compliance

a. Regular ☐

b. Irregular ☐

c. No treatment with medicine ☐

10. Duration of illness

a. < 5 years ☐

b. ≥ 5 years ☐

11.Age of commencement of disease

a.<20 years ☐

b.≥20 years ☐

12.Number of hospitalizations

a. 1 ☐

b. 2 ☐

c. More than 2 ☐

13. If more than 2, State the gap between two hospitalizations

a.< 1 year ☐

b. 1-2 years ☐

c.>2years ☐

14.Type of Schizophrenia

a. Simple Schizophrenia ☐

b. Chronic Schizophrenia ☐

c. paranoid Schizophrenia ☐

d. Any other_____ specify ☐

15. Number of weeks attending occupational therapy

a.1-2 weeks ☐

b.2-4weeks ☐

c. >4weeks ☐

16.Regularity of attending occupational Therapy

a. Very Regular ☐

b. Sometimes irregular ☐

c. Very Irregular ☐

17.Any other illness suffering from

a. Diabetes ☐

b. Hypertension ☐

c. Respiratory problems ☐

d. Alcoholism ☐

e Any other _____ specify ☐

f. None ☐

18. Leisure time activities

a. No leisure activities ☐

b. Engage in single activity ☐

c. Engage in two activities ☐

d. Engage in three activities ☐

## SECTION B :MODIFIED ALLEN COGNITIVE LEVEL SCALE FOR DAILY ACTIVITIES

**Instruction**: This section seeks information about your Self Care Abilility. The Interviewer will ask questions one by one and place a tick mark (✓ ) against the appropriate response given by the respondent.

### A. PERSONAL CARE

1. Eating
    - a - Normal
    - b. - Independent but slow or some spills
    - c. - Needs help , avoid some foods, spills often
    - d - Must be fed most food
2. Dressing
    - a - Normal
    - b - Slow or clumpsy, independent
    - c - Needs help with ties or buttons
    - d - Needs help with all clothing
3. Bathing
    - a - Normal
    - b - Independent, but takes time
    - c - Needs assistance in applying soap
    - d - Someone else must give bath to me.
4. Toileting
    - a - Normal
    - b - Independent, but needs supportive holdings
    - c - Needs Personal assistance
    - d - Fully dependent

5. Interest in personal appearance

a - Same as before illness

b - Interest when going out but not at home

c - Allows self to be groomed or on request only

d - Resists grooming

6. Taking medication

a - Remember without help

b - Remember if done left in special place

c - Tries but for gets frequently if not reminded

d - Medication must be given by others

e - No regular pills

**B. HOUSE HOLD CARE**

1. Cooking

a - Plans and prepares meals

b - Some cooking but less than normal

c - Gets food out of prepared by others

d - Does nothing for meals

e - Never did any

2. House keeping (eg; Mopping)

a - As before

b - Does at least ½ usual

c - Occasional dusting of small jobs

d - No longer keeps house

e - Never did any

3. Home maintenance (eg; Painting)

a - As before

b - Does at least ½ usual

c - Occasional minor jobs

d - No longer does any

e - Never did any

4. Home Repair (eg; Repairing electrical outlets)

a - Does repair as before

b - Does at least ½ usual

c - Occasional minor repairs

d - No longer does any

e - Never did any

## SECTION C: MINI MENTAL STATUS EXAMINATION (FOLSTEIN, 1975)

**Instruction:**This section seeks information about Mental Status. The investigator is requested to pose the questions one by one and place a tick mark (✓ ) against the appropriate response given by the respondent.

**1. Time Orientation**

What is the year _____ Season_____

Month of the year_____ Date_____

Day of the week_____ ?

**2. Place Orientation**

Where are you now?

Which is the State_____ City _____

Part of the city_____ Building _____

Floor of the Building_____

**3. Registration of three words**

Register the words, what I am saying:

POT (wait one second)

CAT (wait one second)

FLOWER (wait one second)

What are those words?

_____

_____

_____

**4. Serial 7s As a Test of Attention and Calculation**

Substract 7 from 100 Serially _____

_____

_____

_____

_____

**5. Recall of three word, which were said before**

_____

_____

_____

**6. Naming**

What is this: (showing a pen) _____

What is this: (showing a paper) _____

**7. Repetition**

Repeat the sentence what I am saying:

"INDIA IS MY COUNTRY"

"_____"

**8. Comprehension**

Listen carefully and follow what I am saying.

"Take this paper in your left hand, Fold it half, and Put it on the floor.

**9. Reading**

Read the following and do it, but do not say it aloud.

"**CLOSE YOUR EYES"**

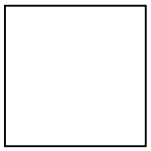
**10. Writing**

Please write any sentence, if not responding ask to write about weather

“_____”

**11. Drawing.**

Please copy the design below



_____

# APPENDIX – VI

## ചിത്തഭ്രമ രോഗികളുടെ സ്വയം കരുതൽ പ്രാപ്തിയും മാനസിക നിലയും അളക്കുവാനുള്ള ചോദ്യാവലി

ക്രമ നമ്പർ : .....

### ഭാഗം - 1

ചിത്തഭ്രമം ബാധിച്ച രോഗികളുടെ സമുദായ വിവരങ്ങൾ ശേഖരിക്കുന്നതിനുള്ള ചോദ്യാവലി

**നിർദ്ദേശം** : *ഈ ഭാഗത്തിൽ താങ്കളുടെ സമുദായ വിവരങ്ങൾ ശേഖരിക്കുന്നു. ചോദ്യകർത്താവ് ഓരോരോ ചോദ്യങ്ങളായി ചോദിക്കുകയും ശരിയായ ഉത്തരത്തിന് നേരെ ശരി (√) ചിഹ്നം അടയാളപ്പെടുത്തുകയും ചെയ്യുന്നതാണ്.*

1. വയസ്സ്
   - (എ) 20 - 30 വയസ്സ്
   - (ബി) 30 - 40 വയസ്സ്
   - (സി) 41 - 60 വയസ്സ്
2. ലിംഗം
   - (എ) പുരുഷൻ
   - (ബി) സ്ത്രീ
3. മതം
   - (എ) ഹിന്ദു
   - (ബി) മുസ്ലീം
   - (സി) ക്രിസ്ത്യാനി
   - (ഡി) മറ്റുള്ളവർ ------ വ്യക്തമാക്കുക
4. വിദ്യാഭ്യാസം
   - (എ) നിരക്ഷരൻ
   - (ബി) പ്രൈമറി
   - (സി) സെക്കണ്ടറി
   - (ഡി) ബിരുദധാരി, അതിൽ ഉയർന്നതും
5. കുടുംബ വരുമാനം
   - (എ) ദാരിദ്ര്യരേഖയ്ക്ക് താഴെ (രൂപ 50,000/വർഷത്തിൽ താഴെ)
   - (ബി) ദാരിദ്ര്യരേഖയ്ക്ക് മുകളിൽ (രൂപ 50,000/വർഷത്തിൽ മുകളിൽ)
6. ജോലി
   - (എ) വിദഗ്ധ ജോലി (ഉദാ: അദ്ധ്യാപകർ)
   - (ബി) അവിദഗ്ധ ജോലി (ഉദാ: കൂലിഷണി)
   - (സി) പൂർണ്ണ വൈദഗ്ധ്യം ആവശ്യമില്ലാത്ത ജോലി (ഉദാ: ആശാരിഷണി)
   - (ഡി) തൊഴിൽ രഹിതൻ

7. വ്യക്തിയുടെ വൈവാഹിക അവസ്ഥ
   (എ) വിവാഹിതൻ
   (ബി) അവിവാഹിതൻ
   (സി) വിഭാര്യൻ
   (ഡി) വേർപിരിഞ്ഞ് താമസിക്കുന്നവർ/വിവാഹമോചനം
8. കുടുംബ ഘടന
   (എ) അണുകുടുംബം
   (ബി) കൂട്ടുകുടുംബം
   (സി) പാരമ്പര്യ കുടുംബം
9. ചികിത്സാ പാലിക്കൽ
   (എ) കൃത്യമായി
   (ബി) ക്രമരഹിതം
   (സി) മരുന്നുകൊണ്ട് ഒരു ചികിത്സയുമില്ല
10 രോഗദൈർഘ്യം
   (എ) അഞ്ചു വർഷത്തിൽ താഴെ
   (ബി) അഞ്ചുവർഷവും അതിന് മുകളിലും
11. രോഗം തുടങ്ങിയ പ്രായം
   (എ) 20 വയസ്സിൽ താഴെ
   (ബി) 20 വയസ്സും അതിന് മുകളിലും
12. എത്ര തവണ ആശുപത്രിയിൽ പ്രവേശിപിച്ചിട്ടുണ്ട്?
   (എ) 1
   (ബി) 2
   (സി) രണ്ടിൽ കൂടുതൽ
13. രണ്ടിൽ കൂടുതലെങ്കിൽ രണ്ടു പ്രവേശനം തമ്മിലുള്ള ദൈർഘ്യം
   (എ) ഒരു വർഷത്തിൽ താഴെ
   (ബി) ഒന്നു മുതൽ രണ്ടു വർഷം
   (സി) രണ്ടു വർഷത്തിൽ മുകളിൽ
14. ചിത്തഭ്രമത്തിന്റെ തരം
   (എ) ലളിത ചിത്തഭ്രമം
   (ബി) ദൈർഘ്യ ചിത്തഭ്രമം
   (സി) സംശയ ചിത്തഭ്രമം
   (ഡി) മറ്റേതെങ്കിലും -------- വ്യക്തമാക്കുക

15. തൊഴിലിനോട് ബന്ധപ്പെട്ട രോഗ ചികിത്സയിൽ ഏർപ്പെട്ടിട്ട് എത്ര ആഴ്ച ആകുന്നു.

(എ) 1 - 2 ആഴ്ച

(ബി) 2 - 4 ആഴ്ച

(സി) 4 ആഴ്ചയിൽ കൂടുതൽ

16. തൊഴിലിനോട് ബന്ധപ്പെട്ട രോഗ ചികിത്സയിൽ ഉള്ള കൃത്യനിഷ്ഠ

(എ) വളരെ കൃത്യമായി

(ബി) ചിലപ്പോൾ മാത്രം കൃത്യമായി

(സി) ഒട്ടും കൃത്യനിഷ്ഠയില്ല

17. മറ്റേതെങ്കിലും രോഗങ്ങളാൽ നിങ്ങൾ വലയുന്നുണ്ടോ?

(എ) പ്രമേഹം

(ബി) രക്ത സമ്മർദ്ദം

(സി) മദ്യപാനം

(ഡി) ശ്വാസകോശ സംബന്ധമായ രോഗം

(ഇ) മറ്റേതെങ്കിലും ------- വ്യക്തമാക്കുക

18. ഒഴിവു വേളയിൽ നിങ്ങൾ എന്തു ചെയ്യും

. . . . . .

## ഭാഗം - 2

### ചിത്തഭ്രമം ബാധിച്ച രോഗികളുടെ സ്വയം കരുതൽ പ്രാപ്തി മനസ്സിലാക്കുന്നതിനുള്ള അളവുകോൽ

**നിർദ്ദേശം** : *ഈ ഭാഗത്തിൽ താങ്കളുടെ സ്വയം കരുതലിനുള്ള പ്രാപ്തിയെക്കുറിച്ചുള്ള വിവരങ്ങൾ ശേഖരിക്കുന്നു. ചോദ്യകർത്താവ് ഓരോരോ ചോദ്യങ്ങളായി ചോദിക്കുകയും ശരിയായ ഉത്തരത്തിന് നേരെ ശരി ( / ) ചിഹ്നം അടയാളപ്പെടുത്തുകയും ചെയ്യുന്നതാണ്.*

1. **സ്വയം കരുതൽ**

(എ) ഭക്ഷിക്കുക

(ക) സാധാരണം

(ഖ) സ്വന്തമായി, പക്ഷേ പതുക്കെ

(ഗ) സഹായം വേണം, മിക്കപ്പോഴും ഭക്ഷണം ഉപേക്ഷിക്കുകയും, കുറച്ച് പാത്രത്തിന് പുറത്തു പോകുകയും ചെയ്യും

(ഘ) എല്ലാ ഭക്ഷണ പദാർത്ഥങ്ങളും കഴിപ്പിക്കേണ്ടിവരും

(ബി) വസ്ത്രധാരണം

(ക) സാധാരണം

(ഖ) സ്വന്തമായി, പക്ഷേ പതുക്കെ

(ഗ) വസ്ത്രങ്ങൾ യഥാസ്ഥാനത്ത് നിലനിൽക്കാൻ കൊളുത്തുക്കളും കെട്ടുകളും ആവശ്യമാണ്.

(ഘ) മറ്റാരെങ്കിലും എന്നെ വസ്ത്രം ധരിപ്പിക്കണം

(സി) കുളി/സ്നാനം

(ക) സാധാരണം

(ഖ) സ്വന്തമായി, പക്ഷേ സമയമെടുക്കും

(ഗ) സോപ്പു തേയ്ക്കുവാൻ സഹായം വേണം.

(ഘ) മറ്റാരെങ്കിലും എന്നെ കുളിപ്പിക്കണം

(ഡി) മലവിസർജ്ജനം

(ക) സാധാരണം

(ഖ) സ്വന്തമായി, പക്ഷേ താങ്ങുകൾ വേണം

(ഗ) ഒരു വ്യക്തി സഹായം ആവശ്യമാണ്

(ഘ) പൂർണ്ണമായി ആശ്രിതൻ

(ഇ) സ്വകാര്യ പ്രദർശനത്തിനുള്ള താൽപര്യം

(ക) അസുഖം വരുന്നതിന് മുമ്പുള്ളതുപോലെ തന്നെ

(ഖ) പുറത്തു പോകുമ്പോൾ മാത്രം താൽപര്യം, പക്ഷേ വീടിനുള്ളിൽ ഇല്ല

(ഗ) നിർദ്ദേശാനുസരണം മാത്രം സ്വയം ഒരുങ്ങും

(ഘ) ഒരുങ്ങുവാൻ എതിർപ്പ് കാണിക്കും

(എഫ്) മരുന്ന് എടുക്കുക

(ക) സഹായം കൂടാതെ ഓർക്കും

(ഖ) പ്രത്യേകമായ സ്ഥലത്തുവച്ചാൽ മാത്രം ഓർക്കും

(ഗ) ശ്രമിക്കും, പക്ഷേ ഓർമിപ്പിച്ചില്ലെങ്കിൽ തുടർച്ചയായി മറക്കും

(ഘ) മരുന്നുകൾ മറ്റുള്ളവർ തന്നാലേ മതിയാകു

(ങ) ക്രമമായി മരുന്ന് എടുക്കാറില്ല

2. **ഭവനപരമായ കരുതൽ**

(എ) പാചകം

(ക) തീരുമാനിച്ച് ഭക്ഷണം തയ്യാറാക്കുന്നു

(ഖ) കുറച്ച് പാചകം, പക്ഷേ സാധാരണയിൽ താഴെ

(ഗ) മറ്റുള്ളവരാൽ തയ്യാറാക്കപ്പെട്ട ഭക്ഷണം ലഭിക്കും

(ഘ) ഭക്ഷണം തയ്യാറാക്കാൻ ഒന്നും ചെയ്യാറില്ല

(ങ) ഒരിക്കലും ഒന്നും ചെയ്തിട്ടില്ല

(ബി) ഭവനം സൂക്ഷിക്കൽ (ഉദാ: തുടയ്ക്കുക)

(ക) മുമ്പത്തേതുപോലെ

(ഖ) മുമ്പത്തേതിന്റെ പകുതിയെങ്കിലും ചെയ്യും

(ഗ) വല്ലപ്പോഴും ചെറിയ തുടയ്ക്കുന്ന ജോലികൾ ചെയ്യും

(ഘ) വീട് സംരക്ഷിക്കാറേയില്ല

(ങ) ഒരിക്കലും ഒന്നും ചെയ്തിട്ടില്ല

(സി) ഭവന പരിരക്ഷണം (ഉദാ: ചായമടിക്കുക)

(ക) മുമ്പത്തേതുപോലെ

(ഖ) മുമ്പത്തേതിന്റെ പകുതിയെങ്കിലും ചെയ്യും

(ഗ) വല്ലപ്പോഴും ചെറിയ ജോലികൾ ചെയ്യും

(ഘ) വീട് സംരക്ഷിക്കാറേയില്ല

(ങ) ഒരിക്കലും ഒന്നും ചെയ്തിട്ടില്ല

(ഡി) ഭവന രൂപീകരണം (ഉദാ: വൈദ്യുത ഉപകരണം നന്നാക്കുക)

(ക) മുമ്പത്തേതുപോലെ തന്നെ നന്നാക്കും

(ഖ) മുമ്പത്തേതിന്റെ പകുതിയെങ്കിലും ചെയ്യും

(ഗ) വല്ലപ്പോഴും ചെറിയ ജോലികൾ ചെയ്യും

(ഘ) ഇതുവരെ ഒന്നും തന്നെ ചെയ്യാറില്ല

(ങ) ഒരിക്കലും ഒന്നും ചെയ്തിട്ടില്ല

## ഭാഗം - 3

ചിത്തഭ്രമം ബാധിച്ച രോഗികളുടെ മാനസികനില ചുരുക്കത്തിൽ അറിയുന്നതിനുള്ള അളവുകോൽ

**നിർദ്ദേശം** : *ഈ ഭാഗത്തിൽ താങ്കളുടെ മാനസിക നിലയെക്കുറിച്ചുള്ള വിവരങ്ങൾ ശേഖരിക്കുന്നു. ചോദ്യകർത്താവ് ഓരോരോ ചോദ്യങ്ങൾ ചോദിക്കുകയും ശരിയായ ഉത്തരത്തിന് നേരെ ശരി (✓) ചിഹ്നം അടയാളപ്പെടുത്തുകയും ചെയ്യുന്നതാണ്.*

മാർക്ക് ലഭിക്കുന്ന ചോദ്യങ്ങൾ

1. സമയബോധം (5)

   ഏതാണ് ഈ വർഷം ------ (1) കാലം ------- (1)

   മാസം ------ (1) തീയതി ——------- (1)

   ആഴ്ചയിലെ ദിവസം ------ (1)

2. സ്ഥലബോധം (5)

   സംസ്ഥാനം ------ (1) നഗരം ------- (1)

   നഗരത്തിന്റെ ഏതു ഭാഗം ---—------ (1) കെട്ടിടം ---—------ (1)

   കെട്ടിടത്തിന്റെ നില ----------(1)

3. മൂന്നു വാക്കുകൾ മനസ്സിൽ ഉറപ്പിക്കുക (3)

   ഞാൻ പറയുന്ന വാക്കുകൾ താങ്കളുടെ മനസ്സിൽ ഉറപ്പിക്കുക

   കുടം (ഒരു നിമിഷം സമയം നൽകുക)

   പൂച്ച (ഒരു നിമിഷം സമയം നൽകുക)

   പൂവ് (ഒരു നിമിഷം സമയം നൽകുക)

   ഏതൊക്കെയാണ് മുകളിൽ പറഞ്ഞ വാക്കുകൾ

   -------- (1)

   -------- (1)

   -------- (1)

4. ശ്രദ്ധയും, കണക്കും പരീക്ഷിക്കുന്ന ഏഴ് എന്ന സംഖ്യ ക്രമമായി കുറയ്ക്കുന്ന ചോദ്യാവലി (5)

   ഏഴെന്ന സംഖ്യ നൂറിൽ നിന്നും ക്രമമായി കുറയ്ക്കുക

   -------- (1)

   -------- (1)

   -------- (1)

   -------- (1)

   -------- (1)

5. മുൻപ് പറഞ്ഞ മൂന്നു വാക്കുകൾ ഓർമ്മിച്ചെടുക്കുക (3)

_____ (1)

_____ (1)

_____ (1)

6. പേരു പറയുക (2)

ഇത് എന്താകുന്നു (ഒരു പേന കാണിച്ചുകൊണ്ട്)

ഇത് എന്താകുന്നു (ഒരു കടലാസ് കാണിച്ചുകൊണ്ട്)

7. ആവർത്തനം (1)

ഞാൻ പറയുന്ന വാക്കുകൾ ആവർത്തിച്ച് പറയുക

"ഭാരതം എന്റെ രാജ്യമാണ്"

"_____" (1)

8. മനസ്സിലാക്കുക (3)

ഞാൻ പറയുന്നത് ശ്രദ്ധിച്ച് കേട്ടിട്ട്, അതുപോലെ ചെയ്യുക

"ഈ കടലാസ് ഇടതു കൈയ്യിൽ എടുക്കുക" (1) അതു പകുതിയായി മടക്കുക (1) അതിനുശേഷം അത് തറയിൽ ഇടുക. (1)

9. വായിക്കുക (1)

താഴെപ്പറയുന്നത് വായിച്ചതിനുശേഷം അതുപോലെ ചെയ്യുക (പക്ഷെ ഉറക്കെ പറയരുത്)

"കണ്ണ് അടയ്ക്കുക" (1)

10. എഴുതുക (1)

ദയവായി ഒരു വാക്യം എഴുതുക

(പ്രതികരിക്കുന്നില്ലെങ്കിൽ, കാലാവസ്ഥയെക്കുറിച്ച് എഴുതുവാൻ പറയുക)

_____ (1)

11. വരയ്ക്കുക

ദയവായി താഴെയുള്ള രൂപത്തിന്റെ മാതൃകാ രൂപമുണ്ടാക്കുക

_____ (1)

# APPENDIX – VII

## PHOTOGRAPHS


**CANDLE MAKING**

**ASSISTING IN COOKING**

**LAUNDRY ACTIVITIES**

**CATTLE REARING**

# ABSTRACT

A study to assess the self care ability and mental status among schizophrenic patients undergoing occupational therapy in selected psychiatric nursing home, Kerala, is submitted as the partial fulfilment of the requirement for the degree of Master of Science in Nursing. It was done by 30093642 from Annai J.K.K. Sampoorani Ammal College under the Tamilnadu Dr.M.G.R. Medical University, Chennai, April 2011.

The objectives of the study were to describe the self care ability and mental status of schizophrenic patients in relation to occupational therapy, to test the association between self care ability and mental status among schizophrenic patients in relation to occupational therapy and to test the association between self care ability, mental status and selected factors among schizophrenic patients in relation to occupational therapy.

The Research Hypothesis includes $H_1$-There will be a significant correlation between self care ability and mental status among schizophrenic patients , $H_2$- There will be significant association between self care ability and mental status among schizophrenic patients in relation to occupational therapy, $H_3$-There will be significant association between self care ability and selected factors among schizophrenic patients undergoing occupational therapy and $H_4$-There will be significant association between Mental status and selected factors of schizophrenic patients in relation to occupational therapy.

The review of literature was collected under the following heading: (1) Studies related to Occupational Therapy and Schizophrenic patients, (2) Studies related to Self care Ability of Schizophrenic patients and occupational therapy and Studies related to Mental Status of Schizophrenic patients and occupational therapy.

The conceptual framework adopted for the study was Three Tier work related social skills [Hector Tsang,1996].The Research Design used for the study was Descriptive design. The Setting of the study was Nazareth Asram (a psychiatric nursing home, Vazhoor), Kottayam, Kerala. The sample size was 108 Schizophrenic patients undergoing Occupational therapy selected by Purposive Sampling .

The tool were developed from Allen Cognitive Scale for Daily Living and Mini Mental Status Examination (Folstein,1975) was Modified and Validated. The Tool was Reliable and Feasible. The reliability of the tool was established by Inter rater Reliability, the Coefficient of Correlation was r=0.87, found to be highly reliable.

The findings of the study revealed there was significant positive co-relation between self care ability and mental status of schizophrenic patients in relation to occupational therapy. There was significant association between self care ability, mental status and selected factors in terms of duration of Occupational therapy and type of Schizophrenia.

The study concluded that as the duration of Occupational therapy increases majority of the Schizophrenic patients showed improvement in Self care ability and mental status. So that the Mental Health Nurses must be a part and parcel of promoting Social productivity of schizophrenic patients through Occupational skill training.